CERTIFICATE OF DEATH Reg. Dist. No. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) p. COUNTY D. STATE b. COUNTY MARYLAND b. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) RURAL and give nearest tayer Kene d. NAME OF HOSPITAL (If not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE OR INSTITUTION ON A FARM? YES NO [ NAME OF Middle First DATE Month Year DECEASED (Type or print) DEATH 19 5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH AGE (In years lost-highday) IF UNDER 1 YEAR IF UNDER 24 HRS Months Days White Hours Min. Female WIDOWED 12 DIVORCED [7] yrs 100. USUAL OCCUPATION Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11/BIRTHPLACE (Stole of toreign co 12. CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME IS. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address (If yes, give war or dates of service) 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c). INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) **DUE TO** Conditions, if any, which gove rise to immediate DUE TO cosse (a), stating the underlying cause lost PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES NO 200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Port III of item 18.) 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) 20c. TIME OF INJURY Doy. 20d, INJURY OCCURRED Year (County) (Stole) factory, street, office bldg., etc.) Hour D. M. While Not while of work of wark p. m. 1957, that I last saw the deceased 21. I certificathat I attended the deceased from alive and and that death occurred at 7 M fram the causes and an the date stated above. ADDRESS (Street, city or town, state) DATE SIGNED **ACTUAL** SIGNATURE PHYSICIAN'S NAME (Type) 22a. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMESERY OR CREMATORY 22d. LOCATION (City, lower or county (Stole) REMOVAL (Specify) 23. FUNERAL DIRECTOR'S SIGNATURE **ADDRESS** 240. REC'DARY REGISTRAS 246 RECESTRAR'S SEGNATUR

DATE

Filed 1 pe shauld N сошрје papers. and carbon ð ofter physician mave ā permit. Gny gned detach DIRECTOR: pri D 20 b page 5 0 1SM 9/SS

CERTIFICATE OF DEATH

BUREAU V. L.

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BECEINED

## FOR STATE HEALTH DEP

director. Page for your files. aard of Health, for

Thin 72 hours after Page Page 3 should be used as a burial-transit Office Chief Medical Examiner ta buriat, TO FUNERAL DIRECTOR:

TO DEP ATSME

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## MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

PLACE OF BEATH COUNTY Prince Gebr	ge 's	MARYLA	2. USUAL RESIDENCE			tion: Reside			ssion)
b. CITY OR TOWN (If outs ond give regrest town) Riverdale	ide corporate limits, write RURAL	LENGTH OF STAY IN	Riverdale	If outside corp	orate limits, write	RURAL and	give n	eorest for	wa)
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NAME OF DECEASED (Type or print)	SARAH E	Middle AI	SOP	4. DATE OF DEATH	Month Augus		Day 12		9 57
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0g, USUAL OCCUPATION A	(Give kind of work done )	Own Home	DUSTRY 11. BIRTHPLACE (Stor	e or foreign co	ountry)	12. CITH	S.		COUNT
3. FATHER'S NAME Edward Parke	r		14. MOTHER'S MAIDEN Elizabeth			and the last few processings			
15. WAS DECEASED EVER I	N U. S. ARMED FORCES? es, give wor or deles et service)		7. INFORMANT Alice I. Lawi	orn	Address Same as	2 (1	Daug	hter	•)
PART I. DEATH V	[Enter only one couse per VAS CAUSED BY: MEDIATE CAUSE (o)	tine for (a), (b), and (c).]	lar renal disc	280				VAL BETWE	

442X	DUE TO	Cerdiovascular renal disease	
Conditions, if any, which gave rise to immediate cause (a), stoting the underlying cause lost.	10	Generalized arteriosclarosis	

YES NOT 20g. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) PRIMARY D or CONTRIBUTING D CAUSE OF DEATH. 20e. PLACE OF INJURY (Home, form, factory, street, office bldg., etc.) 20c. TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED 20f. (City or town) (County) (Stole)

at work at work 21. I certify that I took charge of the remains described above, held on Autopsy ... Inspection K. Inquiry X and in my opinion death resulted from: Natural causes R. Accident ,

Suicide , Homicide , Undetermined manner

ACTUAL SIGNATURE CHIEF MEDICAL EXAMINER ASSISTANT MEDICAL EXAMINER | EXAMINER' Dr John T. Mal oney NAME (Type)

DEPUTY MEDICAL EXAMINER K 22c. NAME OF CEMETERY OR CREMATORY 22d LOCATION (City, town, or county)

(Stote) Colmar Manor Pr. Geo. Md.

000001

IG 15 195 24b. REGISTRAR'S SIGNATURE

720. BURIAL CREMATION, 226. DATE THEREOF

0. 70.

23. FUNERAL DIRECTOR'S SIGNATURE
F. Gasch's Sons

Ft. Lincoln Cemetery

Hyattsville, Maryland

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18754 08745 CERTIFICATE OF DEATH 245 Reg. Dist. No. 2. USUAL RESIDENCE (Where deceased lived. If institution providence before providing filed with 1. PLACE OF DEATH PRINCE GEORGE o. COUNTY b. COUNTY taryland MARYLAND b. CITY OR TOWN (If autside carporate limits, write c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If autside carporate limits, write RURAL and give nearest town) 8 RURAL and give nearest town) W. HYOH-SUIL Year v HYATTSUILLE d. NAME OF HOSPITAL (If not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? venue YES NO L NAME OF Middle OSEPH ERTI 195 (Type or print) 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 9. AGE (In years IF UNDER I YEAR IF UNDER 24 HRS. B. DATE OF BIRTH white Doys WIDOWED T DIVORCED 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11, BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) PAOLES ETALY CHEF 13. FATHER'S NAME Penarolla OMAS 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT 303 ETHEN ALLEN! TAKONA PARK, NO. ALLEN AUE 8-07-9394Thomas INTERVAL BETWEEN ONSET AND DEATH 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) CORONARY CCLU51011 HOURS DUE TO Generalized Arterio sclevo sis Conditions, if any, which gove rise to immediate DHE TO cause (a), stating the underlying couse last. CERTIFICATION PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? MONE YES T NO L 20g. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of ilem 18.) 20c. TIME OF INJURY Month, Doy, Year 20e. PLACE OF INJURY (Home, form, 20f. (City or town) 20d. INJURY OCCURRED (County) (Stote) factory, street, office bldg., etc.) Haur o. m. While Not while at wark at work . 1956, to Aug. 10 , 195 That I last saw the deceased 21. I certify that I attended the deceased from Jung and that death accurred at 1:40 M. from the causes and an the date stated above. ADDRESS (Street, city or lawn, state) DATE SIGNED James L. Laubach, M.D. 1806 Fox St. . Hyattsville, Md. NAME (Type) 270. BURIAL CREMATION. 226. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) FUN E (Stole) BITE TOTAL (Specify) MONTGOMERY COUNTY. MD. GATE OF HEAVEN CEMETERY 0 **ADDRESS** 24b. REGISTRAR'S SIGNATURE **FUNERAL DIRECTOR'S SIGNATURE** 240. REC'D BY REGISTRAR B Rumphull SILVER SPRING. MD.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE. 18

CERTIFICATE DE DEATH.

BUREAU V. &

VNG 18 1955

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5 TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If any delay is necessary, please	cut Attacher certificate, writing the ward "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the funeral director. Page 4 should		TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the registranginar to burial, crema	
is nec	ector.	No.	rior to	
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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 MEDICAL EXAMINER'S CERTIFICATE OF DEATH 08808 Rea. Dist. No. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If Institution: Residence before admission) n. COUNTY b. COUNTY Prince William MARYLAND Virginia Prince George's b. CITY OR TOWN (If outside corporate limits, write RURAL c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give negrest town) and give nearest town) Woodbridge Transient Oxon Hill d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? R.F.D. Potomac River YES NO T 3. NAME OF Middle 4. DATE First Lost Month Year DECEASED 1057 22 (Type or print) Dale Arrington DEATH August Marvin 5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH P. AGE (In years IF UNDER TYEAR IF UNDER 24 HRS. Months Days Hours April 20. WIDOWED [7 DIVORCED | 1935 White Male 10a. USUAL OCCUPATION (Give kind of wark dane) 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (state or foreign country) 12. CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) SAnd dredging U. S. A. Laborer Virginia 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Myrtel Kelley Charles E. Arrington 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. Address (If yes, give war or dates of service) Mrs Myrtle Arrington, same as # 2 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c). ] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: Asphyxia IMMEDIATE CAUSE (a) DUE TO Drowning Conditions, if any, which ) gave rise to immediate cause DUE TO (a), stating the underlying cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19, WAS AUTOPSY CATION PERFORMED? NO [ 20a. EXTERNAL CAUSE WAS PRIMARY 20 or CONTRIBUTING CAUSE OF DEATH. 20b. DESCRIBE HOW INJURY OCCURRED, (Enter nature of injury in Part I or Part II of item 18.) from barge into river 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, form, 20- TIME OF INJURY Month, Day, Year 20f. (City or town) (County) (Stole) factory, street, office bldg., etc.) Not while 16 Md. of work at work Oxon Hill P. G. River T + HOXXXXXX 21. I certify that I tack charge of the remains described above, held an Autapsy . Inspection . Inquiry . Inquiry . and find that Accident , Suicide , Homicide , Undetermined cause death resulted from: Natural causes . ACTUAL DATE SIGNED ASSISTANT MEDICAL EXAMINER **EXAMINER'S** August 22, 1957 NAME (Type James I. Boyo DEPUTY MEDICAL EXAMINER 220. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR GREMATORY 22d. LOCATION (City, lown, or county) REMOVAL (Specify) Burial Cranford Memorial Fairfax County Virginia 8/24/57 **ADDRESS** 23. FUNERAL DIRECTOR'S SIGNATURE 24a. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE F. Gasch's Sons Hyattsville, Md.

5M 9/55

The State of Market of S e M cont animited added to #1 coffee

BUREAU V. S.

AUG 29 1957



MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 MEDICAL EXAMINER'S CERTIFICATE OF DEATH 08809 OR STATE MEALTH DEPT. PLACE OF DEATH USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. COUNTY Prince George's o. STATE Maryland b. COUNTY Prince George's files. Heolth, MARYLAND b. CITY OR TOWN It outside corporate fimils, write RURAL C. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest lown) end give medlassmanor your d of director. years Glassmanor d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS e. IS PESIDENCE ON A FARM? 308 - Koseld Court YES NO P 308 Roseld Court NAME OF Middle 4. DATE Month Year DECEASED 5 may be re 2 with the (Type or print) DEATH Howard Jeremiah Balacek 1957 16 hours after August 6. COLOR OR RACE 7. MARRIED NEVER MARRIED | 8. DATE OF BIRTH 5. SEX 9. AGE (In years IF UNDER TYEAR IF UNDER 24 HRS. Dec. 17, 1919 Months Doys Hours Min Male WIDOWED | DIVORCED T White 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) Beights and measures U.S.A. Inspector New York ecuted within 24 hours after in Item 18. Give Poges 1, ce along with form PM3. P File pages 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Jeremiah Balacek Marie Salek 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Arlelross Ill yes, give war or dates of service) dimy 008-03-5174 Emily alacek same as #2 Yes 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c), ] INTERVAL SETWEEN puo ONSET AND DEATH PART I. DEATH WAS CAUSED BY: Coronary thrombasis buriol-tronsit IMMEDIATE CAUSE (c) s Office DUE TO Coronary atherosclerosis Canditions, if any, which gave rise to immediate course pending in picol Examiner's DUE TO (a), stating the underlying 0 cause last. cremotian. 6 PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART T(0) 19, WAS AUTOPSY CATION pesa PERFORMED? Chief Medical E should be used NOF 200. EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING CAUSE OF DEATH. 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Part II of item 18.) Chief / 20e. PLACE OF INJURY (Home, form, 120f. (City or town) 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED (County) (Slofe) factory, street, office bldg., etc.) Hour to the at wark ot work p. m. 21. I certify that I took charge of the remains described above, held an Autopsy Inspection In Inquiry W. forworded DIRECTOR: Suicide , Homicide , Undetermined manner opinion death resulted from: Notural causes . Accident . ACTUAL DATE SIGNED OL EXAMINER'S James I. Boyd NAME (Type) DEPUTY MEDICAL EXAMINER 8-16-57 F.N. shall 22c. NAME OF CEMETERY OR CREMATORY 22d LOCATION (City, town, or county) (Stote) 0 NERAL DIRECTO SIGNATURE ADDRESS 240. REC'D BY REGISTRAR 246. REGISTRAR'S SIGNATURE VS. ALSME 5M 2/57

BUREAU V. S.

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BECEINED

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 CERTIFICATE OF DEATH 08746 Rea, Dist. No. PLACE OF DEATH 2 USUAL RESIDENCE (Where deceaped lived If institution: Residence before admission) a. COUNTY **b.** COUNTY MARYLAND b. CITY OR TOWN (If autside corporate limits, write STENGTH OF STAY IN 16 c. CITY OR, TOWN (If autside cargorate little, write BORAL and give nearest town) RURAL and give nearest town) d NAME OF HOSPITAL (If not in hospital, give street oddress) d. STREEL ADDRESS e. IS RESIDENCE OR INSTIBUTION ON A FARM? YES NO T NAME OF **First** Last 4. DATE Month Year DECEASED (Type or print) DEATH 195 5. SEX 6. COLOR OF RACE AGE (In years last birthday) 7. MARRIED NEVER MARRIED B. DATE OF BIRTH IF UNDER 1 YEAR IF UNDER 24 HRS Months Days Hours Min. WIDOWED IX DIVORCED | pallers. 10a USUAL OCCUPATION (Give kind of work done) 10b, KIND OF BUSINESS OR INDUSTRY 11 SIRTHELACE (State or foreign country) 12 CITIZEN OF WHAT COUNTRY? during most of working life even if retired) 13. FATHER'S MAME MAIDEN NAME 15. WAS DECEASED EVER IN U. S. FRMED FORCES? 17. INFORMANT 16. SOCIAL SECURITY NO. Address [Yes, no, or unknown] (If yes, give wor or dates of service) 1B. CAUSE OF DEATH [Enter only one cause peguline for (a), (b), and (c). INTERVAL BETWEEN QNSST AND DEATH PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (c) **DUE TO** Conditions, if any, which ! gove rise to immediate **DUE TO** couse (o), stoting the underlying couse last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) 19. WAS AUTOPSY PERFORMED? YES NO 20g. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Part II of item 18.) 20c. TIME OF INJURY Month. 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Hame, farm, 20f. (City or lawn) Day, Year (County) (State) foctory, street, office bldg., etc.) Hour g. n. While Not while at work 🔲 at work 21. I certify that I attended the deceased from 19 12. that I last saw the deceased and that death occurred at SIGNATURE PHYSICIAN'S NAME (Type) 220. BURIAL CREMATION 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, lown, or county) (Slote) BREMOYAL (Specify) 8/9/57 Manor, Fort Lincoln Cemetery Colmar 23. FUNERAL DIRECTOR'S SIGNATURE **ADDRESS** 240, REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE F. Gasch's Sons Hyattsville, Md. VS A15 (4) 15M 9/55

"REAU V. S.

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BECEINED

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TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4

VS A15 (4) 15M 9/55

## MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

**CERTIFICATE OF DEATH** 

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1	. PLACE OF DEATH		_			2.	USUAL RESIDE	NCE (W	here decease	d lived. I	institutio	an: Reside	mca befo	re admiss	ion)
Ł	Pri	nce Georges	3		MARYLAN	ID	1	D. C		Ь. (	OUNTY		10		
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L	Glenn Dale	e (rural)		11 d	ays		1	Vash	ingto	2	4 1	X .5			
7	d. NAME OF HOSPIT OR INSTITUTION	TAL (If not in hospital, g	ive street	oddress)			d STREET ADD	PESS						e. IS RES	IDENCE FARM?
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3	). NAME OF DECEASED	Fir	st		Middle		Last		4. DATE OF		Mon		Do	y )	/ear
L	(Type or print)	Geor			H.		Braxton		DEATH		8		n	7	19 57
5	i. SEX	6. COLOR OR RACE	7. MAR	RIED 🔲 NEV	ER MARRIED	] B. C	ATE OF BIRTH			9. AGE (	In years rthdoy)		,	IF UNDE	
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/ []	Port er		-	Shop	2 ANTER	3	Mary:	Land				1	USA		
严	3. FATHER'S NAME					1	4. MOTHER'S M	AIDEN I	NAME						
	Thomas B	raxton					Rosetta	a Mc	Allist	ter					
-11	5. WAS DECEASED EVE	R IN U. S. ARMED FOR	CES? 16.	SOCIAL SEC	URITY NO. 12	7. INFO	RMANT				Addr	ess			-
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Tra S	PART II. OTH Pu  20a. ACCIDENT WA OR CONTRIBUTING (IF EITHER, NOTIFY	S UNDERLYING  CAUSE OF DEATH MEDICAL EXAMINER)	20b. DES	CRIBE HOW	INJURY OCCUI	RRED. (E	nter nature of in	jury in	Port I or Por	til of ilem	18.)				
13	20c. TIME OF INJUR	Y Month, Day, Yes	r 20d. I	NJURY OCCU	RRED 20e.	PLACE	OF INJURY (Hor	ne, farm	, 20f. (City	or fawn)			(Caunty)		(State)
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	PHYSICIAN'S NAME (Type)	Moe Weiss	, M.	D.			Gler	n D	ale, M	ld.					
2	2a. BURIAT, EREMATION REMOVAL (Specify)	N. 226. DATE THEREO	F T	22c, NAME	OF CEMETERY	OR CR	EMATORY		22d. LOCA	TION (City	. Wwn, o	r county)	/	[State	7 ~
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BUREAU V. E.

30 H Street, N.E.

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EXAMINER:

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08754 **CERTIFICATE OF DEATH** Reg. Dist. No. - 40 PLACE-OF DEATH 2. USUAL RESIDENCE (Where decreased lived. If institution Residence before admission) o. COUNT , b. COUNTY MARYLAND death. Į. b. CITY OR TOWN (If autside corporate limits, write / E. LENGTH OF STAY IN 16 c. CITY OR TOWN (If suitside corporate limits, write RURAL and give nearest town) å RURALyand give nearest town) should d. NAME OF HOSPITAL (If not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE OR INSTITUTION ON A FARM? YES NO NAME OF Middle DATE Month Year DECEASED OF (Type or print) DEATH 19.5 7. MARRIED NEVER MARRIED 5. SEX 6. COLOR OR RACE 8 DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS last birthday) Months Days DIVORCED [ WIDOWED [ yrs. 10a USLAX OCCUPATION (Give kind of work done 10b, KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign 12 CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) corbon ofter 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME move IS WAS DECEASED EVER IN U. S. ARMED FORCES? 17. INFORMANT 16. SOCIAL SECURITY NO. Address 18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).] INTERVAL BETWEEN ONSEL AND DEATH PART I. DEATH WAS CAUSED BY: a IMMEDIATE CAUSE (0) **DUE TO** Conditions, if ony, which any gave rise to immediate **DUE TO** couse (o), staling the underlying cause lost. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) WAG AUTOPSY PERFORMED? YES NO 20a. ACCIDENT WAS UNDERLYING [ 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port 1 or Part II of item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY 20e. PLACE OF INJURY (Home, form, 20f. (City or lawn) Month. Day, Year 20d. INJURY OCCURRED (County) (State) Hour o. n. factory, street, office bldg, etc.) While Nat while at work at work p. m. 19-12, that I last saw the deceased 21. I certify that I attended the deceased from nd that death occurred at. M, from the causes and on the date stated above. ADDRESS (Street, city or town, state) ACTUAL PHYSICIAN'S NAME (Type) 220, BURIAL CREMATION, 22b, DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town of county) S REMOVAL (Specify) 0 23. FUNERAL DIRECTOR'S SIGNATURE **ADDRESS** 24a, REC'D BY REGISTRAR 24b, REGISTRAR'S SIGNATURE VS A15 (4) DATE 15M 9/55

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

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CERTIFICATE OF DEATH

							Reg. Dist	, No.	
1. PLACE OF DEATH o. COUNTY			o STATE	DENCE (Wh	ere deceased lived	d. If institutio	n, Residence	before adm	ission)
Prince Geo	rges E	MARTINE	Marvl	and		b. COUNTY	Georg	103	
b. CITY OR TOWN RURAL and give	(If outside corporate limits, wri	te c. LENGTH OF STAY IN 1			utside corporate li				lwn)
Cheverly		L Days	/4 Co	llage	ark				
	ITAL (If not in hospital, give str		d. STREET		а			e. IS F	ESIDENCE A FARM?
Prince I	eorges Genera		16	OI Har	cyard Rd			162	□ NO I
3. NAME OF DECEASED (Type or print)	First Olive	Middle Simons	Burrus	il .	4. DATE OF DEATH	Mont		Doy	Year 19 <b>57</b>
SEX	6 COLOR OR RACE 7. N	ARRIED NEVER MARRIED		Н	9. A(	GE (In years			IDER 74 HRS,
Female		OWED DIVORCED		95	6	l birthday)	Manths C	Days Hau	rs Min
00 USUAL OCCUPAT	ION (Give kind of work done)	IBS KIND OF BUSINESS OR IN	IDUSTRY 11. BIRTHPE	ACE (Stote o	or foreign country	)	12. CITIZ	EN OF WH	AT COUNTR
Housey	rking life, even if retired)	Own Home		nna.			US	A	
3. FATHER'S NAME			14. MOTHER'S						
Ric	hard B. Simor	ns.	Ann	a Gil	pim				
WAS DECEASED EV	ER IN U. S. ARMED FORCES?		7 INFORMANT			Addr	P15		
Yes no or unknown)	(If yet, give wor or dates of service)	None	Russell 1	L. Bui	rrus Co	ollege		, Md.	
18. CAUSE OF DE	ATH (Enter only one cause po	er line for (a), (b), and (c)						INTERVAL	BETWEEN
PART 1. DE	ATH WAS CAUSED BY.	CARCINO	MA STA					ONSET AN	ID DEATH
175×	IMMEDIATE CAUSE (o)	CHICINO	181 17 1 0	2/5				7	/
gave rise to couse (o), stoting lying cause last	the under (c)	NS CONTRIBUTING TO DEATH	BUT NOT RELATED TO				FN IN PART	1601 19 WA	S. AUTOPSY
PART II. O'  200 ACCIDENT W  OR CONTRIBUTION  (IF EITHER, NOTIF					THE DISEASE COL	1011011011		PER	FORMED?
	AS UNDERLYING [] G [] CAUSE OF DEATH Y MEDICAL EXAMINER)	DESCRIBE HOW INJURY OCCU	RRED. (Enler noture o	if injury in P	'art I ar Part II af	item 18 )			
20c. TIME OF INJU Hour e.m.	W	d INJURY OCCURRED 20e hile Not while wark at work	PLACE OF INJURY ( foctory, street, office	Home, form, a bldg., etc )	20f. (City or to	wn)	(Co	ounty)	(State)
21. I certify !	hat I attended the dec	eased from Jur C	195	3 10 A	4924	1957	that I la	ist saw th	e decease
alive an A	4924	9.5.7 and that de	ath occurred at	6:00P	_M, from the	couses a	nd an the	e date sta	oted abov
ACTUAL W	Comon Da	nati / fines			ADDRESS (Street			9	DATE SIGNI
PHYSICIAN'S NAME (Type)	Dr. Norman Com	0011		4 T.	Pain	ir n	51		1-11
				<del></del>	***************************************				******
Burial CREMATI	8/28/57	Pine Grove			22d LOCATION South	(City, tawn o			tote)
3. FUNERAL DIRECTO	R'S SIGNATURE	ADDRESS		240. REC'D	BY REGISTRAR	24b. REGIS	TRAR'S SIGN	NATURE	
F. (	Gasch's Sons	Hyattsville,	Md.	DATE	6 7 157	0.1	-	1	
				118.0	C C C	COST	educe	'n	

may be relatived by the haspital or attending physician.

TO FUNE DIRECTOR: After this certificate has been signed by the ottending physician and campletely filled y the funeral director, page 3 Shauld be detached for use as the burial-transit permit. Then please remove catbon papers. Pages 1 and 2 shauld be filed with the registrar prior to burial, crematian, or removal, and in any event within 72 hours offer death. TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours ofter death. Page

VS A15 (4) 15M 9/55

BUREAU V. E.



within 24 hours ofter death.

O HOSPITAL OR

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

BUREAU V. E.

SEP 3 1057

o. STATE

Maryland

+ College Park

d STREET ADDRESS

Lost

June 30,1900

California

14. MOTHER'S MAIDEN NAME

Carv

8. DATE OF BIRTH

Prince George General Hospital

6. COLOR OR RACE 7. MARRIED T NEVER MARRIED TT

WIDOWED

Prince George

d. NAME OF HOSPITAL (If not in hospital, give street address)

May belle

White

b. CITY OR TOWN (If outside corporate limits, write

during most of working life, even if retired)

None

RURAL and give nearest town) Cheverly

. PLACE OF DEATH

OR INSTITUTION

e. COUNTY

NAME OF

SEX

(Type or print)

Femal o

13 FATHER'S NAME

MARYLAND

E LENGTH OF STAY IN 16

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16 days

10a USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11 BIRTHPLACE (State or foreign country)

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e. IS RESIDENCE

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12. CITIZEN OF WHAT COUNTRY?

Del.

INTERVAL BETWEEN ONSET AND DEATH

> PERFORMED? YES NO |

> > (State)

DATE SIGNED

(Stota)

Dovs

(County)

USA

YES NO

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Reg. Dist. No

Prince George

2 USUAL RESIDENCE (Where deceased lived. If institution, Residence before admission)

c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)

9. AGE (In years

lost birthday)

Manle Lane CherryHill

OF DEATH

4. DATE

b. COUNTY

Month

August

Months

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	0	page 3 shauld be detached for use as the burial-transit permit. Then please remove carbon papers. Pages	the registrar priar ta burial, crematian, ar remaval, and in any event within 72 hours after death,
,	TO FUNE	(4)	
ø	513	19	

Charles Murray Caroline Murray 15. WAS DECEASED EVER IN U. S. ARMED FORCES? [16. SOCIAL SECURITY NO. 17. INFORMANT Address Mrs Melvin Whaley 1220 New St. Wilmington Ne None 18 CAUSE OF DEATH [Enter only one couse per line for (a), (b) and (c)] PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE IN 2211 DUE TO Conditions, if any, which gove rise to immediate DUE TO cause (a), stating the underlying couse lost. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS ALTOPS 200 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b DESCRIBE HOW INJURY OCCURRED (Faler nature of unjury in Part I or Part II of item 18.) MEDICAL 20c. TIME OF INJURY 20e. PLACE OF INJURY (Home, form, Month. 20d. INJURY OCCURRED Doy, Year 20f (City or town) Haur a.m. factory, street, office bldg , etc.) While Not while at work ot work 1957, to 21. I certify that I attended the deceased from 192 7 that I last saw the deceased and that death occurred at 6.00Ar. W. from the causes and an the date stated above. alive on ADDRESS (Street, city or town, state) ACTUAL PHYSICIAN'S NAME (Type) 226. DATE THEREOF 220. BURIAL, CREMATION, 22c NAME OF CEMETERY OR CREMATORY 22d LOCATION (City, town, or county) REMOVAL (Specify) 8-10-57 Mt. Olive Delmar **DIRECTOR'S SIGNATURE** ADDRESS 240 REC'D BY REGISTRAR 24b REGISTRAR'S SIGNATURE DATE AUG

requires that the death certificate be executed within 24 haurs after death. Page

VS A15 (4 15M 9/55

TO HOSPITAL OR

BUTEAN V. C.

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DECENAED.

BUREAU V. S.

1			MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18	08766
			08759 CERTIFICATE OF DEATH Reg. Dist.	
director, filed with	0)	L	PEACE OF DEATH  COUNTY  PRINCE  STATE  DEORGE  MARYLAND  2. USUAL RESIDENCE (Where deceased lived. If institution, Residence o. STATE DE TRUITY)  B. COUNTY  PRINCE  PRINCE  MARYLAND	
# 23/	M	L	b. CITY OR TOWN (If outside corporate limits, write RURAL and give RURAL and give nearest town)  A NAME OF HOSPITAL (If not in hospital, give street address)  A STREET ADDRESS  A STREET ADDRESS	e nearest town)
ours of the Cash	77	L	PRINCE Georges Deneral 4006 38 Street	ON A FARM? YES NO
in 24 ho			NAME OF DECEASED Lost 4. DATE Month OF DEATH CLUST 5.	Day Year 2 1957
with:		5.	SEX   6 COLOR OR RACE   7. MARRIED   NEVER MARRIED   B. DATE OF BIRTH   9. AGE (In years)   IF UNDER 1.    Computer   Widowed   Divorced   Quality   7   195	YEAR IF UNDER 24 HRS
secuted f comple popers.	1)	100		EN OF WHAT COUNTRY?
on and carbon offer de		13.	FATHER'S NAME  14 MOTHER'S MAIDEN NAME	
certificate g physicia remove 72 hours o	0	75 [Ye	WAS DECEASED EVER IN U. S. ARMED FORCES? 16 SOCIAL SECURITY NO 17 INFORMANT Address	<u> </u>
the death he attendin then please			PART I. DEATH WAS CAUSED BY:  IMMEDIATE CAUSE (o)  15 2 X  DUE TO	INTERVAL BETWEEN ONSET AND DEATH
requires that ion. In signed by I nsit permit. I			Conditions, if ony, which gove rise to immediate couse (o), stoling the <u>under-lying couse lost.</u> DUE TO  (c)	
he law r physicia has been rial-trans	0	CERTIFICATION	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART ?	(e) 19 WAS AUTOPSY PERFORMED? YES NO
SAN: T tending ficote in the bu			20g ACCIDENT WAS UNDERLYING 20b DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port 1 or Port 11 of item 18.) OR CONTRIBUTING 2 CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	
PHYSIC ol ar at this cert r use as		MEDICAL	20c. TIME OF INJURY Month, Doy, Year Hour o. m.  19	unty) (State)
ADING haspits After thed fourial, cr			21. I certify that I attended the deceased from Assayst 2, 1957, to fingest 2, 1957, that I los olive on Assayst 2, 1957, ond that death occurred of 3 w, from the causes and an the	
A ATTER d by the ECTOR: be deto or to bu	1		ACTUAL Benformer & muller 3824-34 th mt Paint	DATE SIGNED  Quel 2-1957
TAL OIR			PHYSICIAN'S Behinmin 5 Miller	-
may be to be poge 3 Mau		770	BURIAL CREMATION, 274 DATE THEREOF 26 NAME OF CEMETERY OR CREMATORY (22d LOCATION (City touth of county)	Mes Mas
VS A15 (4)	· / / / / / / / / / / / / / / / / / / /	23.	FUNESAL DIRECTOR'S SIGNATURE ADDRESS OF COLORS DATE	ATURE
13M 7/33		1.2	17:14/x/x,4 AUG 30 57 Quelesuit	+

BUREAU V. S.

AUG 30 1957

DECENTED

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 08767 08812 CERTIFICATE OF DEATH Reg. Dist. No. 1 PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution) Residence before offension) o. COHNIY b. COMNTY. H 5 b. CITY OR TOWN (If outside corporate limits, write Ve. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside carporate limits, write RURAL and give negrest town) URAL and give negrest town) d. NAME OF HOSPITAL (If not in hospital, give street address) d STREET ADDRESS IS RESIDENCE ON A FARM? YES I NO F NAME OF Middle 4. DATE Month Day Year DECEASED OF 105 (Type or print) DEATH 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 5. SEX B. DATE OF BIRTH 9. AGE (In years) IF UNDER I YEAR IF UNDER 24 HRS lost birthday) Months Dovs Hours WIDOWED M DIVORCED | popers. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or dwind most of working life, even if retired) 12. CITIZEN OF WHAT COUNTRY. ouse was ban 13 FATHER'S NAME 14. MOTHER'S MAIDEN NAME WAS DECEASEDEVER IN U. S. ARMED FORCES? 16, SOCIAL SECURITY NO 17. INFORMANT Addréss If was, give war or dates of service) 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c). MIERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (6) da DUE TO Canditions, if ony, which (b) gove rise to immediate DUE TO couse (a), stoting the underlying couse lost. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH-BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES NO NO 20g. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) 20c. TIME OF INJURY Month, Day, 20e. PLACE OF INJURY (Hame, form, Year 20d. INJURY OCCURRED 20f. (City or town) (County) (Stote) Hour o. si. factory, street, office bldg , etc.) While Not while of work of works 21. I certify that I attended the deceased from Lithat I last saw the deceased and that death accurred M, from the causes and an the date stated above. ADDRESS (Street, city or) town state ACTUAL SIGNATURE P PHYSICIAN'S NAME (Type) FUNES 226. DATE THEREOF 220. BURIAL, CREMATION. 22c, NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) (State) REMOVAL (Specify) 0 FUNERAL DIRECTOR'S SIGNATURE ADDRESS 24a. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE DATERUG 13 15M 9/55

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MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 MEDICAL EXAMINER'S CERTIFICATE OF DEATH Reg. Dist. No. I. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased fived. If Institution: Residence before admission) e. COUNTY b. COUNTY Prince Georges MARYLAND Maryland Pr. Geo. b. CITY OR TOWN (If outside corporate limits, write RURAL c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) and give nearest fown] Cheverly davs Brentwood d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street oddress) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? Prince Georges General Hospital 3903 Perry Street YES I NO TI 3. NAME OF 4. DATE Month Yen Samuel DEATH 19 57 Cornell Roy Aug. 25. 6. COLOR OR RACE 7. MARRIED T NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In years IFUNDER TYEAR IF UNDER 24 HRS. 56 Months Days Hours ] 9-L-1900 white WIDOWED [7] DIVORCED T 12. CITIZEN OF WHAT COUNTRY? Street work Virginia TISA 14. MOTHER'S MAIDEN NAME Core Hornsby 16. SOCIAL SECURITY NO. 17. INFORMANT Marie M. Cornell: Same as # 2. INTERVAL BETWEEN ONSET AND DEATH Shook IMMEDIATE CAUSE (a) **DUE TO** Laceration of brain **DUE TO** Gunshot wound of head. PERFORMED? 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port 1 or Port II of item 18) Shot by a pistol held in the hands of another man-20d INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, Month, Day, Year 20f, (City or town) (County) \* (Stote) factory, street, office bldg., etc.) 19 57 of work of work Mt. Rainier, Pr. Geo. House Accident , Suicide , Homicide , Undetermined cause .

DECEASED (Type or print) 5. SEX Male 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (State or foreign country) during most of working life, even if retired) Laborer 13. FATHER'S NAME Lee T. Cornell 15. WAS DECEASED EVER IN U. S. ARMED FORCES? Yes, no, at unknown IB. CAUSE OF DEATH [Enter only one cause per line for (o), (b), and (c). PART I. DEATH WAS CAUSED BY: Conditions, if any, which) gove rise to immediate cause (a), stating the underlying couse last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY CATION 20a. EXTERNAL CAUSE WAS PRIMARY TO CONTRIBUTING CAUSE OF DEATH. 20c. TIME OF INJURY 21. I certify that I took charge of the remains described above, held an Autopsy . Inspection . Inquiry . and find that death resulted from: Natural causes ... ACTUAL DATE SIGNED CHIEF MEDICAL EXAMINER SIGNATURE ASSISTANT MEDICAL EXAMINER John T. Maloney. NAME (Type) DEPUTY MEDICAL EXAMINER August 220. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) (Stote) REMOVAL (Specify) Fort Lincoln Cemetery Aug 28, 1957 Colmar Manor, Md. **ADDRESS** 23. FUNERAL DIRECTOR'S SIGNATURE 246. REGISTRAR'S SIGNATURE 24a, REC'D BY REGISTRAR F. Gasch's ons Hyattsville Md. DATE

VS. A15ME(5) 5M 9/55

BUREAU V. S.

AUG 29 1957

16. SOCIAL SECURITY NO.

Hemorrhaging

20d. INJURY OCCURRED

Not while of work of work

Lenwood

08769

Reg. Dist. No 2. USUAL RESIDENCE (Where deceased lived. If institutions Residence before admission) b. COUNTY Prince Georges c. CITY OR TOWN (If outside corporate limits, write RURAL and give negrest lown) e. IS RESIDENCE ON A FARM? 9685 Riggs Rd. YES NO X Day Year Aug. 19 57 9. AGE (In yours lost birthday) IF UNDER 1 YEAR IF UNDER 24 HRS Manths Days Hours 83 yrs 12. CITIZEN OF WHAT COUNTRY? USA Tenn. 14. MOTHER'S MAIDEN NAME Susan Houser 17. INFORMANT Address Ralph 9685 Riggs Rd. Adelphi, Md. Cmuze INTERVAL BETWEEN ONSET AND DEATH Cardiovascular Failure 12 hours 10 days Carcinoma of Stomach 10 mos. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES NO A 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Port II of item 18.) 20e. PLACE OF INJURY (Home, form, 20f, (City or town) (County) (State1 factory, street, office bldg, etc.) 21. I certify that I attended the deceased from 9-26-56 , 19.56 , to 8-4 , 19.57 that I last saw the deceased and that death accurred at 5:50p.M. from the causes and on the date stated above. ADDRESS (Street, city or town, stote) DATE SIGNED

ACTUAL PHYSICIAN'S NAME (Type)

> REMOVAL (Specify) surea

23x FUNERAL DIRECTOR'S SIGNATURE

alive on\_

13. FATHER'S NAME

IYou no, or unknown!

Ne

CATION

MEDICAL

Jack Cruze

Conditions, if any, which

gove rise to immediate

couse (a), stoting the underlying couse lost.

20c. TIME OF INJURY

Hour a. n.

p. m.

200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

15. WAS DECEASED EVER IN U. S. ARMED FORCES?

PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o)

CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).]

DUE TO

**DUE TO** 

Day, Year

(b)

Christman. M.D. Claire A. 220. BURIAL CREMATION, 226. DATE THEREOF

While

22CONAME OF CEMETERY OR CREMATORY

22d. LOCATION-(City, town, or county)

246 REGISTRAR'S SIGNATURE

(Stole)

DATE

Riggs Road

240. REC'D BY REGISTRAR

O HOSPITAL FUNER 0 15M 9/55

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MATTER

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 08770 08814 CERTIFICATE OF DEATH Reg. Dist. No. 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution, Residence before admission) b. COUNTY / MARYLAND CITY OR TOWN (If outside corporate limits, write E JENGTH OF STAY IN 1h CITY OF TOWN OF purside corporate limits, write RURAL and give negrest town! RURAL and give negrest town) ori Tura A NAME OF HOSPITAL (If not in hospital, give street oddress) a. IS RESIDENCE ON A FARM YES I NO D MAME OF 4. DATE Middle Month Year Day DECEASED (Type or print) 19,4 5. SEX COLOR OR RACE 7. MARRIED T B. DATE OF BIRTH 9. AGE (In feors IF UNDER TYEAR IF UNDER 24 HES NEVER MARRIED Months Days Hours WIDOWED DIVORCED [ 100. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 12 CITIZEN OF WHAT COUNTRYS during most of working life, even if retired) 13. FATHER'S NAME MOTHER'S MANDEN NAME 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 116. SOCIAL SECURITY NO. 17 INFORMANT CAUSE OF DEATH [Enter only one couse per line for (a), (b), and (c), INTERVAL RETWEEN PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (o) ONSET AND DEATH **DUE TO** Conditions, if ony, which gove rise to immediate DUE TO å couse (a), stating the underlying souse fost. PART 18. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 49. WAS AUTOPSY PERFORMED? 'YES INO TH 20g. ACCIDENT WAS UNDERLYING OF CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Port II of item 18.) 20c. TIME OF INJURY Month, 20e. PLACE OF INJURY (Home, form, Day, Year 20d. INJURY OCCURRED 20f. (City or town) (County) (State) Hour o. n. factory, street, office bldg., etc.) While Not while at work of work 21. I certify that I attended the deceased from Andrea 1957, to Care 21 1957, that I last saw the deceased and that death occurred at 2 P.M. from the causes and on the date stated above ADDRESS (Street, city or town, stole) ACTUAL PHYSICIAN'S Raed NAME (Type) FUNER 3 s BURIAL, CREMATION, 226. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) REMOVAL (Specify) ベハル 0 23. FUNERAL DIRECTOR'S SIGNATURE **ADDRESS** 24a, REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE CALLES DATE SEP 4 15M 9/55

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1	MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18
	(8747 CERTIFICATE OF DEATH Reg. Dist. No.
ad with	1. PLACE OF DEATH  COUNTY  MARYLAND  2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)  COUNTY  MARYLAND  OFFICE  PLACE OF DEATH  COUNTY  MARYLAND  OFFICE  OFFICE  MARYLAND  OFFICE  OFFI
d be all	b. CITY OR TOWN (If outside corporate limits, write C. LENGTH OF STAY IN 1b C CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)
the fu	A NAME OF HOSPITAL (If not in hospital, give street address)  OR INSTITUTION  ON A FARM?
i P	3. NAME OF DECEASED And First Middle Last 4. DATE Month Day Year
oges Tille	OF DEATH  (Type or print)  S. SEX  6. COLOR OR RACE  7. MARRIED  NEVER MARRIED  8 DATE OF BIRTH  9 AGE (In Joans IF UNDER 1 YEAR IF UNDER 24 HRS. last pirthday)  Months Days Hours Min
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and cam	Haller Wife for the following
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ng phy remov 72 how	(Yes, no, or unknown) (If yes, give wor or dates of service) 16. SOCIAL SECURITY NO Address per dates of service) (If yes, give wor or dates of service) (If yes, give wor or dates of service)
trendi pleas within	18. CAUSE OF DEATH [Enter only one cause per line for (o), (b), and (c).]  PART I, DEATH WAS CAUSED 8Y:  ONSET AND DEATH  ONSET AND DEATH
the of Then twent	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (0) ERTERIOSCLEROTIC HEART DISEASE 5 a more year  4:20.0 DUE TO
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ng phy e has buriof-	YES NO ACCURATE MARK UNIDERWIND TO 19th Describes HOW INCHES OF THE PROPERTY IN THE PROPERTY I
iffication of ar	OR CONTRIBUTING CAUSE OF DEATH  (IF EITHER, NOTIFY MEDICAL EXAMINER)
rates of the second of the sec	Zoc. TIME OF INJURY Month, Day, Year Hour a. m.  p. m.  19 : of work of work at work a
After After heapilities, or initial, or	21. I certify that I attended the deceased from 1 500, 1952, to 5 August, 1957, that I last saw the deceased alive an 5 August, 1957, and that death occurred at p.M. from the causes and an the date stated above.
by the CTOR: detact to but	ADDRESS (Street, city or fown, state)  DATE SIGNED
Prior Prior	PHYSICIAN'S TO LOU BY WALLEN TO TO THE PLACE
San	NAME (Type) JOHN W. WINKLER JR CRICLISM 11 Md.  220 BURIAL, CREMATION, 226. DATE THEREOF   22c. NAME OF CEMETERY OR CREMATORY 2   22d. LOCATION (519, 10mm, or county) (51012)
Poge the re	Duris aug 7-58 Mt. Comfort Com. all audice Vi
- ⊢ VS A1S (4) 15M 9/5S	23 FUNERAL DIRECTOR'S SIGNATURE 246. REGISTRAR 246. REGISTRAR'S SIGNATURE COM. Demain & Male Company 1954 27 Colores
	Ames Simo

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 MEDICAL EXAMINER'S CERTIFICATE OF DEATH 08760 Reg. Dist. No. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If Institution; Residence before admission) a. COUNTY a. STATE b. COUNTY Montgomery Prince Georges MARYLAND Maryland b. CITY OR TOWN (If putside corporate limits, write RURAL C LENGTH OF STAY IN 16 c. CITY OR TOWN (If autside corporate limits, write RURAL and give nearest lawn) and give negrest town? Silver Springs D. C.A. Cheverly d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS . IS RESIDENCE ON A FARM? 12710 Laux Street Prince Georges General Hospital YES NOW NAME OF Lost DATE Month Day Year DECEASED 1957 2h(Type or print) Lionel Dearstone DEATH August Lawrence 5. SEX 6. COLOR OR RACE 7. MARRIED T NEVER MARRIED T 8. DATE OF BIRTH P. AGE In years IF UNDER TYPAR IF UNDER 24 HRS. Months Hours Mîn. Days WIDOWED [7] DIVORCED T white Male 10g, USUAL OCCUPATION (Give kind of work dane 10b, KIND OF BUSINESS OR INDUSTRY 11, BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) U.S.A. Sand and gravel Tenn. Laborer 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME mox Flossie McAfee Halmer Dearstand Poges 16. SOCIAL SECURITY NO. 17. INFORMANT 15. WAS DECEASED EVER IN U. S. ARMED FORCES? Address (If yes, give war or dates of service Halmer Dearstone: 12716 Gould Road. Silver Give No. 18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).] ONSET AND DEATH PART I, DEATH WAS CAUSED BY: Asphyxia IMMEDIATE CAUSE (a) DUE TO External compression of chest and suffocation Canditians, if any, which gave rise to immediate couse DIJE TO (a), stating the underlying couse lost. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY SO PERFORMED? NO [ 200. EXTERNAL CAUSE WAS PRIMARY DOT CONTRIBUTING CAUSE OF DEATH. 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of Item 18.) Buried under sand in a sand pit 20d INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, 120f. (City or town) 20c. TIME OF INJURY Month, Day, Year (Stote) (County) hing the war Medical E factory, street, office bldg., etc.) While Nat while 16 ot work ot work Pr. Geo. Aure. Sand nit 21. I certify that I took charge of the remains described above, held on Autopsy 77, Inspection 78, Inquiry 78, and find that death resulted from: Notural causes ... Accident T. Suicide . Homicide . Undetermined couse . DATE SIGNED ACTUAL CHIEF MEDICAL EXAMINER M.D. SIGNATUR 0 0 ASSISTANT MEDICAL EXAMINER [7] **EXAMINER'S** NAME (Type) DEPUTY MEDICAL EXAMINER August Maloney M.D. John T. 220. BURIAL, CREMATION, 225. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, lawn, or county) ò Burtonsville Union Cemetery Montgomery County, Md. 0 ADDRESS FUNERAL DIRECTOR'S JIIGNATURE 24g, REC'D BY REGISTRAR 24b. REGISTRAR'S'SIGNATURE YS. A15ME(5) Fumbhull Silver Spring. Md. 5M 9/55

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MARYLAN	D STATE	DEPARTME	NT OF HEALTH-	-BALTIMORE,	18
08761 MEDI	CAL EX	AMINER'S	CERTIFICATE	OF DEATH	

8 (18774 Reg. Dist. No. 745

	PLACE OF DEATH		2. USUAL RESIDENCE (Where deceased lived. If Institution: Reside	nce before admission)
/	Prince Geor	TESS MARYLAN	o STATE Maryland b. COUNTY Pr	Geo.
	b. CITY OR TOWN (If outside corporate fimile, were and give represal found)			
	Riverdale	12 years	25 Riverdale	
	d. NAME OF HOSPITAL OR INSTITUTION		d STREET ADDRESS	e. IS RESIDENCE
5	5713 Sheridan St	treet	5713 Sheridan Street	YES NOX
	3. NAME OF PROPERTY OF THE PRO	irst Middle	Lost 4. DATE Month	Day Year
	(Type or print) Josep]	h Claude Der	nis DEATH August	8 19 57
	5. SEX 6. COLOR OR RACE	7. MARRIED   NEVER MARRIED	8. DATE OF BIRTH 9. AGE (In years IF UNDER	
	Male white	WIDOWED DIVORCED	2-12-1890 67 yrs. Months	Days Hours Min.
	10a. USUAL OCCUPATION (Give kind of work during most of working life, even if retired)	done 10b. KIND OF BUSINESS OR INDI	JSTRY 11. BIRTHPLACE (Stote or foreign country) 12. CITI	ZEN OF WHAT COUNTRY?
	Retired Guard	U.S.Gov't	New York	U.S.A.
/	13. FATHER'S NAME		14. MOTHER'S MAIDEN NAME	
	Charles Denni		Katherine Matthews	
	15. WAS DECEASED EVER IN U. S. ARMED FO (Yes, no, or unknown)   (If yes, give war or dates of		. INFORMANT Address	
	Yes U.S.Na	VV	Fernanda Dennis, 5221 56t	h Avenue.
	18. CAUSE OF DEATH [Enter only one co	suse per line for (o), (b), and (c).		INTERVAL BETWEEN ONSET AND DEATH
-	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o	Hemorrha	resand sheck	
	46 2.1 DUE TO			
	Conditions, if ony, which)	Rupture	of esophageal varices	
	gove rise to immediate cause ( (a), stating the underlying DUE TO			
	couse lost. (c	c)		
	PART II. OTHER SIGNIFICANT CON	NOTIONS CONTRIBUTING TO DEATH BU	T NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART	T 1(a) 19 WAS AUTOPSY PERFORMED?
	5 Diabetes Mell	itus		YES NO
	200. EXTERNAL CAUSE WAS PRIMARY D or CONTRIBUTING D		(Enter nature of injury in Port I or Port II of item 18)	
	20c. TIME OF INJURY Month, Day, Ye Hour e. m.		LACE OF INJURY (Hame, form, 20f. (City or town) (Councilory, street, office bldg., etc.)	inty) (Stote)
	21. I certify that I took charge	e of the remains described of	bove, held on Autopsy , Inspection . Inquir	y XI, and find that
	death resulted from: Natural	causes 🔼 Accident 🔲, S	uicide , Homicide , Undetermined cause	
	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \			
	SIGNATURE COMMINICATION	Maloner	M.D. CHIEF MEDICAL EXAMINER	DATE SIGNED
	EXAMINER'S		ASSISTANT MEDICAL EXAMINER	
	NAME (Type) John T.	Malonev, M.D.	DEPUTY MEDICAL EXAMINER AUGUST	3, 1957
	220. BURIAL, CREMATION, 226. DATE THEREO.	OF 7 22c. NAME OF CEMETERY	OR CREMATORY 22d JOCATION (City, 10 mm, or county)	(Stote)
	23 SUNERAL DIRECTOR'S SIGNATURE  Thack a 2572	Hyatterille,	MALE 240. REC'D BY REGISTRAR 246. REGISTRAR'S SIG	
	1/200		La ma	esteveres

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MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

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08776 08762 CERTIFICATE OF DEATH Rea. Dist. No. 1. PLACE OF DEATH? 2 USUAL RESIDENCE (Where deceased lived If institution Regidence before admission) o. COUNTY filed o. STATE b. COUNTY MARYLAND b CITY OR TOWN (If outside corporate limits, write ELENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) RURAL and give nearest town) d. NAME OF HOSPITAL (If not in hospital, give street oddress) A. STREET ADDRESS e. IS RESIDENCE OR INSTITUTION YES NO P NAME OF First Middle DATE Lost Month Day Yeor DECEASED (Type or orint) DEATH AM 106 AU A 19 5. SEX 9. AGE (In years lost birthday) 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH IF UNDER 1 YEAR IF UNDER 24 HRS Months Days Hours DIVORCED [ WIDOWED 5 papers. YIS. 10a. USUAL OCCUPATION (Give kind of work done) 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) death. 12. CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME 17 INFORMANT 15 WAS DECEASED EVER IN U. S. ARMED FORCES? SOCIAL SECURITY NO. Address 18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: rcinoma ZUPALS IMMEDIATE CAUSE (o) DUE TO Mamm permit. any Conditions, If any, which gove rise to immediate DUE TO couse (o), stoting the underlying couse tost. PART H. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19 WAS AUTOPSY PERFORMED? YES T NO T 200 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port If of item 18.) 20c. TIME OF INJURY Month. 20e. PLACE OF INJURY (Home, form, Day. Year 20d. INJURY OCCURRED 20f. (City or town) (County) (Stote) foctory, street, office bldg., etc.) 0. (1). While Not white of work at work p. m. A11934 21. I certify that I attended the deceased from Aug. ., 19.5.2., that I last saw the deceased and that death occurred at 2 300M, from the causes and on the date stated above alive on . ADDRESS (Street, city or town, state) DATE-SIGNED ACTUAL PHYSICIAN'S NAME (Type) 220 CEURIAL CREMATION | 226. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) (Stote) REMOVAL (Specify) 23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS 24b. REGISTRAR'S SIGNATURE 24a, REC'D BY REGISTRAR VS A15 (4) 15M 9/55 1)

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18



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TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours ofter death. Page 4

	088	10	Q21(111		E OF DI				Re	g. Dist. No	١.	
1. PLACE OF DEATH 0. COUNTY	· · · · · · · · ·	Ĵ	MARYL	- 11	o. STATE		ere deceased	lived. If in b. COL	INTY_	ince J		
b. CITY OR TOWN (I RURAL and give a pper liar)	f outside corporate limitearest town)		tength of stay ii	N Ib	c. CITY OR TO			ote limits, w	rite RURA	L ond give ne	arest faw	n]
	IAL (If not in hospital, a		t		d. STREET ADD		oro				- M DE	SIDENCE
OR INSTITUTION	1:6 3 3	<u>* * * * * * * * * * * * * * * * * *</u>	. r. is All	n B	:toute ;		'0xg; 2'	7			ON /	NO [
3. NAME OF DECEASED (Type or print)	Fin LL1]]	sł .	Middle LCUTS:	H1	Lost DUM		4. DATE OF DEATH	Avgus	Month	D. 2'	ay	Yeor 1957
s. sex	6. COLOR OR RACE	7. MARRIED	NEVER MARRIED	B. 0	DATE OF BIRTH			9 AGE (In v	eors IE U	INDER I YEAR		
Temale	'Cau	WIDOWED (	DIVORCED	0 2	June 19			lost birthd	yrs. Mo	2 Days	Hours	Min
10a. USUAL OCCUPATION during most of world	kiña lite, even it retired)	done 10b. KIN	ID OF BUSINESS OR	INDUSTR	Y 11. BIRTHPLAC	CE (Stote o	or foreign co	untry)	1	12 CITIZEN	OF WHAT	COUNT
ot ipplica	able	Not	pplicab			olora					1	1 7"
3. FATHER'S NAME					14. MOTHER'S M							
It rence	loger Dow				DeLoris	3 J.	Lobins	son				
15. WAS DECEASED EVE	R IN U. S. ARMED FOR		CIAL SECURITY NO.	17. INFO	RMANT 7	* ^		. 44	Address			
1	for heat days were on consec or so	ar v v a f		+,,	ا الما و	7	4.7	, 7	77 ) .			
Conditions, if a gove rise to i couse (o), sloting lying couse lost	ny, which had been seen to be the under- control of the under- con	<i>                                     </i>	mal lympl	A/W/	<i>k/ h////</i> hyperpl	///// Lasia	11/14 a of t	he bo				
3	HER SIGNIFICANT CON	DITIONS CON	ITRIBUTING TO DEAT	TH BUT NO	OT RELATED TO TO	HE TERMIN	NAL DISEASE	CONDITION	I GIVEN I	N PART 1(o)	PERFO	AUTOPS) PRMED?
	S UNDERLYING TO CAUSE OF DEATH MEDICAL EXAMINER)	20b. DESCRIE	BE HOW INJURY OC	CURRED. (	Enter nature of i	njury in Po	ort I or Port	II of item 18	.)			
ZOc. TIME OF INJUR Hour a. n. p. m.	19	While of work	Not while at work	roctor	OF INJURY (Ho y, street, office b	me, farm, ldg., etc.)	20f. (City	or lown]		(County)		[Slote
21. I certify th	at I attended the	deceased	from <1 u	4- 	, 19_7	ta <u>in</u>		19.	-7_,th	at I last so	aw the	decea
alive on	1000172	212/	,and that a	death a	corred at		M, from	the caus	es and	an the do	ite stat	ed abo
	Λ	1 /h	'/					set, city or t				ATE SIG
1 21	VI dilana	19 (Ju	Min	M.D	12 11-5	2.	10s.,	39		4	1 :	c. 1 '
ACTUAL SIGNATURE	CULLIN				W T	\.						
SIGNATURE			.,F	(MC)	illot.	، ين	• ش چ -				3	
PHYSICIAN'S NAME (Type)	N, 225. DATE THEREO	)F  2	2c. NAME OF CEMET	(MC)	REMATORY	U.	22d. LOCATI	ON (City, to	wn, or co	2	. (Sto)	el
PHYSICIAN'S NAME (Type)	N, 22b. DATE THEREO  \$-2.7-5		2c. NAME OF CEMET	(MC)	REMATORY	J.	nd. LOCATI	ON (City, to	wn, or co	unty)	[Stol	(e)
PHYSICIAN'S NAME (Type)	8-27-5		2c. NAME OF CEMET	(MO)			Vans	coure	n	unty)	Line	e)

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

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## MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 MEDICAL EXAMINER'S CERTIFICATE OF DEATH FOR STATE Reg. Dist. No. HEALTH DEPT. I. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution. Residence before admission) a. COUNTY · STATE Hampshire files. Health, Prince George's MARYLAND b. CITY OR TOWN of puttide corporate fim is write BURAL c LENGTH OF STAY IN 16 c. C. TY OR TOWN (If outside corporate limits, write RURAL and give nearest fawn) Cheverly days Laconia d NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d STREET ADDRESS a 15 RESIDENCE 14 South Main YES NO TO Prince George's 3. NAME OF Middle Month DECEASED OF (Type or print) Lucille DEATH 1957 Matilda Ford August 6 COLOR OR RACE 7. MARRIED NEVER MARRIED 1 8 DATE OF 8 RTH 9 AGE in years IFUNDER TYPAR IF UNDER 24 HRS fort burhday) Hours WIDOWED [ DIVORCED T **Female** White 100. LSUAL OCCUPATION (Give kind of work done 100 KIND OF BUSINESS OR INDUSTRY 11 B RTHPLACE (State or foreign country) during most of working life, even if retired) Page 12 CITIZEN OF WHAT COUNTRY? Own Home New Hampshire lousewife Sive Pages 1 form PM3. pages 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Harold Stickney Selina Belware Give 15 WAS DECEASED EVER IN U. S. ARMED FORCES? 16 SOCIAL SECURITY NO 17 INFORMANT 149 Burrington Street with Janette Bernier, Woomsocket, Rhode Island No None 18 CAUSE OF DEATH [Enter only one couse per line for (a), (b), and (c) guojo ONSET AND DEATH PART I. DEATH WAS CAUSED BY: Pulmonary Edema IMMEDIATE CAUSE (0) 316 X **DUF TO** Fracture of the skull Conditions, if any, which gave rise to immediate couse DUE TO (a), stating the underlying cause lost PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(4) 9 WAS AUTOPS PERFORMED? dical NO K 20d EXTERNAL CAUSE WAS PRIMARY D & CONTRIBUTING D CAUSE OF DEATH. 20b DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Part I or Part II of Item 18) Occupant of an automobile that was in an head on collision (Store) White of work of work Route # 301 Hall Prince George's Md. Month, Day, Year 2). I certify that I took charge of the remains described above, held an Autopsy 🗍, Inspection 📮, Inquiry 📮, and in my CTOR opinion death resulted fram: Natural causes . Accident Suicide , Hamicide , Undetermined manner ACTUAL DATE SIGNED CHIEF MEDICAL EXAMINER SIGNATURE SSISTANT MEDICAL EXAMINER FUNERAL James I. Boyd 1957 NAME (Type) DEPUTY MEDICAL EXAMINED August 12. CREMATION 1226 DATE THEREOF 22c NAME OF CEMETERY OR CREMATORY 22d LOCATION (City, town, or county) (Stote) ransportation 8/12/57 Laconia New Hampshire 23 FUNERAL DIRECTOR'S SIGNATURE 240 REC'D BY REGISTRAR 246 REGISTRAR'S S GNATURE F. Gasch's Sons Hyattsville Md.

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6	MARYLAND STATE DE	PARTMENT OF HEALTH—BALTIMORE, 18	08782
* **	08767 CER	TIFICATE OF DEATH Reg.	Dist. No. 24
	1. PLACE OF DEATH g. COUNTY	2. USUAL RESIDENCE (Where deceased lived. If institution: Res	idence before admission)
	Prince Coergas	ARYLAND STATE 6. COUNTY DA	INP BOURGES
5	b CITY OR TOWN (If outside carporate limits, write RURAL and give nearest town)		
	Pillindule 8m	" Willyattsville 1	
	d NAME OF HOSPITAL (If not in haspital, give street address)	d STREET ADDRESS	e. IS RESIDENCE ON A FARM?
	Zuch ne Leland memorial Hesp	ital 2005 Pour stan Road	YES NO
	3. NAME OF First Mi	ddle Lost 4. DATE Month	Day Year
	(Type or print) William Walter +	- Aculer DEATH QUALIS	+ 2 1957
	5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MA	ARRIED 8. DATE OF BIRTH 9. AGE (In years OF UN	DER I YEAR IF UNDER 24 HRS
	mule white widowed Divo	RCED 1 4-10-18/0 87 Yrs. Month	hs Days Hours Min.
	10a. USUAL OCCUPATION (Give kind of work done 10b, KIND OF BUSINE during most of working life, even if retired)	SS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12	CITIZEN OF WHAT COUNTI
g ( 1/	Carpenter Construe	tion West Virginia	0.5 A.
	13. FATHER'S NAME	14, MOTHER'S MAIDEN NAME	
D C	Unknown	Unknown	
P .	15 WAS DECEASEDEVER IN U. S. ARMED FORCES? 16 SOCIAL SECURITY	NO. 17 INFORMANT Address	005 Fowhat
3	No None yes	Chart-Denver N. rowler, Rd., 4	Hyatts, M.
Ē.,	18. CAUSE OF DEATH [Enter only one cause per line far (a), (b), and	(0)	INTERVAL BETWEEN
*	PART I DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)	. Costauction	7844
D >	151X DUE TO	Att A	18
<u> </u>	Conditions, if any, which ) (b)	manue of blanket	10 MW
5	gove rise to immediate DUE TO	U	
P. C.	lying cause last. (c)		
i o	Part II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO	DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN	PART 1(o) 19. WAS AUTOPSY PERFORMED?
	Ŭ		YES NO
Ď.	2 TOP CONTRIBUTING TO CALKE OF BEITH	Y OCCURRED (Enter nature of injury in Part I or Part II of item 18.)	·
o ć	. 1		
D	20c. TIME OF INJURY Month, Doy, Year 20d INJURY OCCURRED While Not while of work of work of work	20e. PLACE OF INJURY (Home, form, 201, (City or town) factory, street, affice bldg., etc.)	(County) (State
E .	p. m. 19 of work of work		
i .	21. I certify that I attended the deceased fram. 3	-1, 1957, to 8-2, 1957, that	I last saw the deceas
	alive on 1957, and t	hat death occurred at 1924M, from the causes and a	n the date stated abo
2	Daylor Day	ADDRESS (Street, city or town, state)	P.O DATE SIGN
2	SIGNATURE TUNCUSOU	MD. 4404 Juseus bury	MR 8-2-
n. /	STRUM REWARDS	MD KIRALE	1. 1
	NAME (Type)	170 Movidate	MAG.
	REMOVAL/(Specify)	CEMETERY OF CHEMATORY 22d LOCATION (City, town, or com	400
E .	BURIAL MUZ. 3, 173/ Wash		Mary land
	23 FUNERAL DIRECTOR'S SIGNATURE ADDRESS	240, RECID BY REGISTRAR 245, REGISTRAR'S	SIGNATURA
	W. W. CHAMPLUS W. 1840EL	vally Mel. PAU GO Same	severe,

TO ATTENT

1	1	MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 05783
	17	08768 CERTIFICATE OF DEATH Reg. Dist. No.
I director	15	1. PLACE OF DEATH O. COUNTY PRINCE GEORGE MARYLAND 2. USUAL RESIDENCE (Where deceased fived in institution Residence before admission) o. STATE VIRBINIA b. COUNTY
ifter death. the funeral should be f		b. CITY OR TOWN (If outside carparate limits, write RURAL and give nearest lown)
ors off she	/×	d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION REL SANITARIUM  2600 16 STREET SOUTH ON A FARM? YES   NO
in 24 ho filled ges 1		3. NAME OF DECEASED (Type or print) PKDit AMERIA BORM FATH AND 14 1957
with:		5. SEX 6. COLOR OR RACE 7. MARRIED   NEVER MARRIED   B. DATE OF BIRTH   9 AGE (In years the UNDER 1 YEAR IF UNDER 24 HRS lost birthday)   Months Days Hours Min.
execution of com	1)	10a USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stole or foreign country)  12. CITIZEN OF WHAT COUNTRY?  U.S. A.
officer of		JOHN PETER TACKREY EMILY BOUTERS
certificating physici	. 4	15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT (1911 DOS PITAL RECURDS LAUREL SANITGILLA UNKNOWN)   11 yes, give wor or dotes of service) which own   HOSPITAL RECURDS LAUREL SANITGILLA
the death be attending on please		18. CAUSE OF DEATH [Enter only one cause per line for (o), (b), and (c).]  PART I, DEATH WAS CAUSED BY:  IMMEDIATE CAUSE (a) DEATH FIRST STAND DEATH,  ONSET AND DEATH,  ONSET AND DEATH,  ONSET AND DEATH,
es that the ed by the rmit. The any eve		Conditions, if any, which ) bulletes mellitus in 1954
		gave rise to immediate cause (a), stating the under-lying cause last.  (c)
Property -	All the second s	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED?  PRIT II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED?  PRIT II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED?  PRIT II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED?  PRIT II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED?  PRIT DISEASE CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED?  PRIT DISEASE CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED?
IAN: The I		20a. ACCIDENT WAS UNDERLYING DONG CONTRIBUTING CAUSE OF DEATH OF CONTRIBUTING CAUSE OF CAUSE
PHYSIC af or ath this certi r use as emation,		20c. TIME OF INJURY Month, Day. Year While Not while at work of work of two of tw
Abino hospit After After I hed fairl, cr		21. I certify that I attended the deceased from June 7, 1926, to Aug. 24, 1957, that I last saw the deceased alive on Aug. 24, 1957, and that death occurred at 1150 PM, from the causes and an the date stated above
ATTER by the ECTOR: e detoc	,	actual signature for the following part of the state of t
TAL OR retained DIR	/	PHYSICIAN'S ERIKA P. KRAEMER : LAUREL SANITARIUM LAUREP O
may be reposed the registre		220. BURIAL, CREMATION, 225 DATE THEREOF 22C. NAME OF CEMETERY OF CREMATORY 22d. LOCATION (City, town, or county) (Stole)
Q E Q 2.4 VS A15 (4)		23. FUNIERAL DIRECTOR'S SIGNATURE  ADDRESS  ADDR
15M 9/55		Me and Long Karrel Marines 3 Millie Bracken

BUREAU V. S.

SEP 3 1957

the funeral director, should be filed with

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1		00.00	CERTIFICA	AIL OI DE	-7111		Reg. Dist. No	D.	
1	1. PLACE OF DEATH  COUNTY  PRINT	CE GEORGE'S	MARYLAND	2 USUAL RESIDER 0 STATE	NCE (Where deced	ised lived If institut b. COUNTY		ore odmiss	tion)
		outside corporate limits, write arest town)	c LENGTH OF STAY IN 15			porole limits, write I	RURAL and give no	earest town	n) .
	d. NAME OF HOSPIT	AL (If not in hospital, give street		d. STREET ADD	RESS		1 > 1		SIDENCE FARM?
ŀ		CE GEORGES GEN.				AVE. N.E		163	MOM
	3. NAME OF DECEASED (Type or print)	CLARA	Middle	GRIFFIT	H OF DEAT		UG.	8	19 <b>57</b>
1	5. SEX	6. COLOR OR RACE 7. MAR	RIED NEVER MARRIED	B DATE OF BIRTH		9. AGE (In years lost birthdoy)	IF UNDER TYEA		
1	F	WIDOW	ED 🎆 🐪 DIVORCED 🔲	32800	)	67 Y'	Months Days	Hours	Min
1	100. USUAL OCCUPATIO	N (Give kind of work done 10b.	KIND OF BUSINESS OR INDU	STRY TI, BIRTHPLAC	E (Stole or foreign	country)	12. CITIZEN	OF WHAT	COUNTRY
4	Retired C	ing life, even if relired) C	leaning Plant	Vir	ginia		US	A	
1	13. FATHER'S NAME			14 MOTHER'S M.	AIDEN NAME			·	
4		Festus Brooks		Georg	ia Clay	tor			
ŀ	IS. WAS DECEASED EVER	IN U. S ARMED FORCES? 16.	SOCIAL SECURITY NO. 17. I	NFORMANT			ress		
1	(Yes, no. or unknown)	ff yas, give wer or dates of service) 5	78 01 0922	Joseph Br	ooke i	Voodford	Virgini	73.	
ŧ	TIE CAIRS OF DEA			- obelm bi	OOKS .	·			
ı		TH [Enter only one couse per li TH WAS CAUSED BY.	/ 1	a C	@111V	- West		TERVAL BE	
ı	100.	IMMEDIATE CAUSE (0)(	BM Cek	y Cl	CUIX	c della	a G.seo	10)	110
	Conditions, if or		Themia !	second	any to	hyden	role Rox	. M	10-9.
	gove rise to in cause (o), stating t lying couse lost		grenia,	. "	17 7	ruelignis	en cy	YK	e.
	PART IT OTH	ER SIGNIFICANT CONDITIONS	CONTRIBUTING TO DEATH BUT	NOT RELATED TO TH	HETERMINAL DISE	ASE CONDITION GI	VEN IN PART 1(0)	PERFO	AUTOPSY ORMED?
ı	200 ACCIDENT WA OR CONTRIBUTING (IF EITHER, NOTIFY	CAUSE OF DEATH	CRIBE HOW INJURY OCCURRE	D (Enler nature of in	njury in Port I or P	ort II of item 18.)			
ı	Y 20c TIME OF INJURY	f Month, Day, Year 20d t	NJURY OCCURRED 200 PL	ACE OF INJURY IHO	me, form, 20f. (C	ity or town)	(County	1	(Stole)
ı	Hour e.m.	19 at wor		ctory, street, office bl	ldg , etc.)				
ı	~	at I attended the deceas	7	t , 1956,	ta	8 195	Z,that 1 last :	aw the	decease
ı	alive on	£ 195	Z, and that death	accurred at 🎜	5110PM, fr	om the causes (	and an the di	ate state	ed above
	ACTUAL SIGNATURE	Lawer	Q Len	40 Par	ADDRESS	(Street, city or town,	stole)	8	ATE SINTHE
	PHYSICIAN'S	r. Arnold Lear		// de	thul	le, hi	a.	7	/ /
f	220. BURIAL, CREMAT OF	N, 225. DATE THEREOF	22c. NAME OF CEMETERY O	R GRENATORY.	22d LOC	ATION (C ty, lown,	or county)	(Stot	e)
	REMOVAL (Specify) Burial	8/12/57	Arlington Na			lington V			
1	23. FUNERAL DIRECTOR'S	SIGNATURE	ADDRESS		to. REC'D BY REGI		STRAR'S SIGNATE	JRE	
	F. Gas	ch's Sons Hyan	ttsville Mary		ATE AUG 13	1 4 7	( 2		

TO MESPITAL OF ATTEMENCE MYS MINDS The low requires that the death certificate be executed within 28 hours after death. Page 4 may be regined by the hospital or attending physician.

• FUNE DIRECTOR After this curtificate has meen signed by the attending physician and completely filled page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and the registrar prior to burial, crematian, ar removal, and in any event within 72 hours after death. TO FUNE VS A15 (4) 15M 9/SS

WE CEINED

BRUEVA A° Z'

1		MARYLA	IND STATE DEPARTME	ENT OF HEALTH—B	ALTIMORE,	18 N&7&5
		08770 MEI	DICAL EXAMINER'S	CERTIFICATE C	E DEATH	1,0000
FOR STATE		. 00110	TORE EXAMINER.	J GERTHIONIE G	, DEATH	Reg. Dist. No.
HEALTH DEPT.	1 1	PLACE OF DEATH	and the same of th	2. USUAL RESIDENCE (Where de	coased lived If institut	tion-Residence before admissions
\$ 5 E		Prince George	MARYLAND	o. STATE Maryland	6 COUNTY	
See See See	l i	CITY OR TOWN Itt outside corporate I m to we te R				RURAL and give nearest town)
を まま /d株 ·		and give negrest town)				
d o		Cheverly  NAME OF HOSPITAL OR INSTITUTION (IF	get in housital alice street addition	d STREET ADDRESS	rd Post Of	Te is repealed.
P O D	1			O STACET ADDRESS		ON & FARM
an reg	=	Prince Georges Gener				YES NO
fera fera Sto deo	1	DECEASED	Middle	Lost 4. DAT		Doy Year
the r	-	(Type or print) Alfred	Anderson	Gross DEA	**************************************	12, 19 57
of to so	5, 9	EX 6. COLOR OR RACE 17	MARRIED NEVER MARRIED 3	4	9. AGE (In years legt birthday)	Months Days Hours Min
0 4 3 3 3 3 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5		1450	WIDOWED DIVORCED	Sept. 6, 1905	51 yrs	Mounts Days Mours Min
and day	100	. USUAL OCCUPATION (Give kind of work do during most of working life, even if retired)	ne 10b. KIND OF BUSINESS OR INDUST	III It. BIRTHPLACE (Slale or fare)	ge country)	12 CITIZEN OF WHAT COUNTRY
Port I		Farmer	Farming	Maryland		U.S.A.
10 00 00 00 mg	13.	FATHER'S NAME		14. MOTHER'S MAIDEN NAME	and A P species	
50000		Everett Gross		Eliza Wall		
ove eve	15.	WAS DECEASED EVER IN U. S. ARMED FORCE	ES? 16. SOCIAL SECURITY NO. 17. H	NFORMANT	Address	~
1 P 6 C C C C C C C C C C C C C C C C C C	'''	(If yes, give war or dates of ear		Etheline Gross:	same addres	3.6
13 W 18 E		18. CAUSE OF DEATH   Enter only one couse		######################################		TINTERVAL RETWIEN
and and		PART I. DEATH WAS CAUSED BY:		e heart failure		ONSET AND DEATH
rute a l'h siè ol.		IMMEDIATE CAUSE (o)	Wenne confesors	e megro retrore		
ffic ffic fro nov		TTO DUE TO	Cardiovascular	manal diseases		
P g G in g		Conditions, if any, which (b)	Cardiovascular	Lenat orsesse		
o me de		(o), stoting the underlying DUE TO				
Sho Smill San,	_	couse lost, (c)				
adin adin	CERTIFICATION	PART II, OTHER SIGNINCANT CONDI	TIONS CONTRIBUTING TO DEATH BUT N	OT RELATED TO THE TERMINAL DIS	EASE CONDITION GIVE	IN IN PART I(a) 19. WAS AUTOPSY PERFORMED?
iffice of pen	Ž		The state of the s			YES NO
d cert	ETIF		DESCRIBE HOW INJURY OCCURRED. (E	inter nature of injury in Fort For Pa	rt II of item 16 )	
was was conjugated and conjugated an		CAUSE OF DEATH.				
Shie Thie	MEDICAL	20c, TIME OF INJURY Month, Day, Year Hour a m	20d. INJURY OCCURRED 20e PLAN	CE OF INJURY (Home, form, 120f, 100ry, street, office bldg., etc.)	(City or town)	(County) (State)
NEW Page 1	MEC	Hovr a. m. p. m. 19	While Not while of work   Tacto	i		
Pag Print		21. I certify that I taak charge o	of the remains described abo	ve, held an Autopsy	Inspection K.	Inquiry X, and in my
X To X		opinion death resulted from. No	ntural causes M Accident [	], Suicide [], Homic	and the same of th	mined monner
oge oge		0 :	n , , , , , , ,		onderer	mileo monner 📑
DE SERVICE DE LA COMPTENZA DE		ACTUAL SIGNATURE SOME 39	M alones	CHIEF MEDICAL EXAMINER		DATE SIGNED
AE DO CO		SIGNATURE TOTAL	Monday	ASSISTANT MEDICAL EXAMINER		
F is give		EXAMINER'S	leman M.D.	DEPUTY MEDICAL EXAMINI		net 12 1057
5 0 2 2	22.0	NAME (Type) John T. Ma.			-	ust 12, 1957
E 54.25.5	120	REMOVAL (Spe ify)	27c. NAME OF CEMETERY OR	CREMATORY 27d LC	CATION (City, fown, or	
0 ° ° 0 °	22	[J.44.15]	1 Denoka		Slauch	ek '71,4
VS. A15ME	23.	FUNERAL DIRECTOR'S SIGNATURE	O C	240. REC'D BY REC	SISTRAR 24b, REGIST	TRAR'S SIGNATURE
5M 2 57		TI- Dewel	Y. Un !ieden	CK DATE \$5-1.	1	the Williams
				AUG	20'57	1



EUREAU V. S.

A TELESTIM

DEPUTY

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

BUREAU V. S.

AUG 29 1957

SECEINED

VS A15 (4) 15M 9/55 08772

**CERTIFICATE OF DEATH** 

08788

			Reg. Dist. No.									
,		PLACE OF DEATH O. COUNTY MARYLAND MARYLAND	2. USUAL RESIDENCE (Where deceased lived. If institution Residence before admission) o. STATE  M. d. b. COUNTY  Runce, Learne									
j	- 1	b. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 16 RURAL and give negrest town)	c CITY OR TOWN (If outside corporate limits, write RURAL and give nebrest town)									
		d NAME OF HOSPITAL (IF not in harpitol, give street oddress) grinstitution frence Leady Hensel	d. STREET ADDRESS SIZE ALLE STRESS ON A FARM?  S/2/ Jackevay This YES NOOS									
	- 1	NAME OF DECEASED (Type or print)  NAME OF DECEASED (Type or print)  Aurelen H.	Host 4. DATE Month Day Year OF DEATH Rules, 10 195-77									
	5. !	male White WIDOWED DIVORCED []	B. DATE OF BIRTH  June 29, 1894  9. AGE (in york If UNDER I YEAR IF UNDER 24 HRK last birthfold)  Wonlihs Days Hours Min									
П	100	. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRIES OF WORKING life, even if Fatired) Retired Retired	res									
	_		Tennessee USA									
	13.	FATHER'S NAME	14 MOTHER'S MAIDEN NAME									
Λ	16	Carl T Harms WAS DECEASED EVER IN U. S. ARMED FORCES? 16 SOCIAL SECURITY NO. 17 II	Bessie Mc Cowan									
			Wife Maude W Harms Address Wife Samuar akarel									
		18 CAUSE OF DEATH [Enter only one cause per line for (o) (b), and (c).]	INTERVAL BETWEEN ONSET AND DEATH									
Н	IMMEDIATE CAUSE (0) Por Cerre Tregrant freeze											
	DUE TO COLO											
	gove rise to immediate (b) traggerler and ("Cert as coicale tecom.											
		cause (a), stating the under   DUE TO										
	O											
7	S	PERFORMED? YES - NO -										
	CERTIFICATION											
	MEDICAL	20c. TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED for Hour e. m. 19 at work at work	ACE OF INJURY (Home, form., 20f. (City or town) (County) (State) clory, street, office bldg., etc.)									
		21. I certify that I attended the deceased from 5-1	O 1955, to 8:15, 1957, that I last saw the deceased									
Н		alive on 8-15, 1957, and that death	accurred at 935/M, from the causes and an the date stated above.									
		ACTUAL / 3	ADDRESS (Street, city or town, state)  DATE SIGNED									
		SIGNATURE Wolder B Mergers	M.D. 3503 Perty St. 8-16-57									
		PHYSICIAN'S WOLLO 13. MOYERS	Mt, Rainier Md									
	220	BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OF										
'n		sportation 8/17/57 Fayettevill										
	43.		240 REC'D BY REGISTRAR 246 REGISTRAR'S SIGNATURE									
		F. Gasch's Sons Hyattsville, Md	. DATE AUG 19 57 Ull such									

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7261 81 **9NA** 

BEENAED

AARYLAND STATE DEPARTMENT	OF HEALTH-BALTIMORE,	18
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08789 08818 CERTIFICATE OF DEATH Rea. Dist. No. PLACE OF DEATH 7. USUAL RESIDENCE (Where deceased lived. If institution, Residence before admission) COUNTY a. STATE **b.** COUNTY MARYLAND Prince Georges b CITY OR TOWN (If autside carporate limits, write c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) C. LENGTH OF STAY IN 16 RURAL and give negrest town) Washington Glenn Dale (rural) mos. d. NAME OF HOSPITAL (If not in hospital, give street address) d STREET ADDRESS e. IS RESIDENCE OR INSTITUTION ON A FARM? 60th St., N.E. Glenn Dale Hospital YES NO NAME OF Middle 4. DATE Lost Month Year DECEASED OF DEATH 8 57 William Harris (Type or print) 19 5 SEX 6. COLOR OR RACE 9 AGE (In years lost birthdoy) TEUNDER TYEAR IF UNDER 24 HRS MARRIED T NEVER MARRIED 8 DATE OF BIRTH Months Days WIDOWED [ DIVORCED [ Ľ٥ Male Negro yrs. 10a USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) during most of working life, even if retired) 12. CITIZEN OF WHAT COUNTRY? USA Steam Engineer Arlington Towers Ga. 13 FATHER'S NAME 14. MOTHER'S MAIDEN NAME William Harris Sarah Hourison 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address Decedent Unknown CAUSE OF DEATH [Enter only one cause per time for (o), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH CARCINOMA PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) 3 x DUE TO Conditions, if any, which (b) gove rise to immediate DUE TO cosse (o), stating the underlying couse last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(4) 19, WAS AUTOPSY PERFORMED? YES IN NO 20a. ACCIDENT WAS UNDERLYING TO OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Port I or Port II of item 18.) 20c. TIME OF INJURY Month, 20e PLACE OF INJURY (Home, form, 20f. (City or town) Doy, Year 20d. INJURY OCCURRED (County) (State) factory, street, affice bldg., etc.) di. m While Not while at wark of work p. m. 8/17/57 21. I certify that I attended the deceased fram. ..., 19....., ta\_\_\_ .... 49......that I last saw the deceased ....., and that death occurred at 9:57. PM, from the causes and an the date stated above ADDRESS (Street, city or town, stote) DATE SIGNED ACTUAL SIGNATURE Glenn Dale Hospital PHYSICIAN'S Glenn Dale. Md. NAME (Type) 220. BURIAL, CREMATION, 226. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d LOCATION (City, Iown, or county) (State) REMOVAL (Specify) Woodlaen Washington. 23. FUNERAL DIRECTOR'S SIGNATURE **ADDRESS** 240. REC'D BY REGISTRAR 246 REGISTRAR'S SIGNATURE AUG 2

DOM:

VS ATS (4)

FUND

DIRECTOR:

be

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TEVN K 2

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 08790 Item 18 Film 220 9-20-57 ams ERTIFICATE OF DEATH Reg. Dist. No. filed with 1. PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived If institution: Residence before admission) o. COUNTY DIP (-1-MARYLAND b. CITY OR TOWN (If outside corporate limits, write # LENGTH OF STAT IN 15 c CITY OR TOWN [If outside corporate limits, write RURAL and give negrest lown] RURAL and give nearest town MOS d NAME OF HOSPITAL (If not in hospital, give street address) d. STREET ADDRESS e IS RESIDENCE ON A FARM? +0.SP haurs ( YES NO TO NAME OF Middle NAME 4. DATE Last Month filled DECEASED (Type or print) DEATH 5. SEX 9. AGE (In years lost bighday) 6. COLOR OR RACE 7 MARRIED T NEVER MARRIED TO B. DATE OF BIRTH IF UNDER 1 YEAR IF LINDER 24 HRS. Months Davi Hours WIDOWED | DIVORCED [7] popers. 100. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY during mast of working life, even if retired) NONE No. pup carbon 13 FATHER'S NAME 14. MOTHER'S MAIDEN NAME physician certificate maye ( 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16 SOCIAL SECURITY NO. 17. INFORMANT Address or Junka DNE 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c) ] INTERVAL BETWEEN ONSET AND DEATH à PART I. DEATH WAS CAUSED BY: month DUE TO ģ permil. in any Conditions, if any, which Tuberculous meningitis Bued gove rise to immediate DUE TO couse (a), stating the under--transit puo lying couse lost. PART 18. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? burial. YES NO TO 200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED PLACE OF INJURY (Home, form, 20f. (City or town) (County) (Stote) Hour B. n. foctory, street, office bldg., etc.) While Not while of work of work p. m. 21. I certify that Lattended the deceased from Ithat I last saw the deceased alive on \_. and that death occurred at M, from the causes and on the date stated above. ADDRESS (Street, city or town, stote) DATE SIGNED ACTUAL be Q MID PHYSICIAN'S NAME (Type) moy be r 220-BURIAL CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) (Stole) REMOVAL (Specify) Washington, D. C. 0 72 St. N.W 23. FUNERAL DIRECTOR'S SIGNATURE 24a. REC'D 8Y REGISTRAR 245, REGISTRAR'S SIGNATURE VS A15 (4) AUG 2 7 '57 5.6.

BUREAU K. E.

MEGELVELL

08773 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

Reg. Dist. No.

08791

	1. PLACE OF DEATH o. COUNTY	Prince Ge	- 111	<sup>†</sup> S MAR	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)  o. STATETICHITAN  b. COUNTY (Payno)								
	b. CITY OR TOWN (II		JRAL	Dead or	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)  Pirel  Totroit								
	d. NAME OF HOSPITA	Prince George's Gener		spligt, give street oddress)		d. STREET ADDRESS Whithorn						ON A FARM? YES NO	
	3. NAME OF DECEASED (Type or print)	DECEASED		LOSuci <sub>d</sub>		att	4. DATE OF DEATH	August			Y.	ear 7	
	s. sex l'ale	6. COLOR OR RACE 7.	MARRIED /IDOWED			DATE OF BIRTH Feb. 12		9. AGE (In years lost buthelay) yes.	IF UNDE Months	R 1YEAR Days	Hours	ER 24 HPS. Min.	
1	100 USUAL OCCUPATION during most of working	N (Give kind of work done life, even if refired)				_	ndiana		12. CI	TIZEN OF		COUNTRY	
	13. FATHER'S NAME	e W, Fiett				14. MOTHER'S MAIDE Pearl	Carma:	n					
,		R IN U. S. ARMED FORCE (If yes, give wer or doles of servi		OCIAL SECURITY NO.		ndrew E.	Rrenh	an Detr		Omj	n r	Ave.	
18. CAUSE OF DEATH [Enter only one cause per line for (o), (b), and (c).]  PART I. DEATH WAS CAUSED BY:  MMEDIATE CAUSE (o)  COronary occlision													
	Conditions, if on gove rise to immed (0), storling the ucouse lost.  PART II. OTH	iote couse	IONS CON			Cular re			'EN IN PAI		P. WAS A PERFO	RMED?	
	PART II. OTH					ter nature of injury in					E3 []	NO T	
	20c. TIME OF INJUR Hour o. m. p. m.	19	While of work	Not while	factor	Of INJURY (Home, f y, street, office bldg.,	efc.)			unty)		(Stote)	
	21. 1 certify the	at I taak charge at fram: Natural cau	f the reuses 🗔	Accident .	Suici	e, held an Auta de 🔲, Hamici	ipsy 🔲, In ide 🔲, Un	spectian 💭, determined c	Inqui ause [	ry	and f	ind that	
	ACTUAL SIGNATURE EXAMINER'S	James I	7 Po	1 day	N.	The same of the sa	DICAL EXAMINER		ماء ڏڻا ٻ	13.	DATE SI		
	220. BURIAL CREMATION REMOVAL (SPICEY) 23. FUNERAL DIRECTOR'S	N. 226/DASE THEREOF		P.C. NAME OF CEMETE	ERY OR C	REMATORY	AL EXAMINER 22d, LOCAT	ION (Chy, lown,	or county)	uch	/(Store		
Į	41 faiten)	W. Hylson	ng f.	1300	7-1:	SC/ A DATE	AUG 14 '5	7 Que	200	il.			

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

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	08776 CERTIFICATE OF DEATH	Reg. Dist. No.
	1. PLACE OF DEATH  c. COUNTY  PLACE OF DEATH  c. COUNTY  PLACE OF DEATH  c. COUNTY  MARYLAND  2. USUAL RESIDENCE (Where deceased lived. If institut  c. STATE  b. COUNTY  b. COUNTY  b. COUNTY  C. CITY OR TOWN (If outside corporate limits, write  BURAL and give neagest fown)  J. COUNTY  C. CITY OR TOWN (If outside corporate limits, write  J. COUNTY  C. CITY OR TOWN (If outside corporate limits, write)  J. COUNTY  C. CITY OR TOWN (If outside corporate limits, write)  J. COUNTY  C. CITY OR TOWN (If outside corporate limits, write)  J. COUNTY  C. CITY OR TOWN (If outside corporate limits, write)  J. COUNTY  C. CITY OR TOWN (If outside corporate limits, write)  J. COUNTY  C. CITY OR TOWN (If outside corporate limits, write)  J. COUNTY  C. CITY OR TOWN (If outside corporate limits, write)  J. COUNTY  C. CITY OR TOWN (If outside corporate limits, write)  J. COUNTY  C. CITY OR TOWN (If outside corporate limits, write)  J. COUNTY  C. CITY OR TOWN (If outside corporate limits, write)  J. COUNTY  C. CITY OR TOWN (If outside corporate limits, write)  J. COUNTY  C. CITY OR TOWN (If outside corporate limits, write)  J. COUNTY  C. CITY OR TOWN (If outside corporate limits, write)  J. COUNTY  C. CITY OR TOWN (If outside corporate limits, write)  J. COUNTY  C. CITY OR TOWN (If outside corporate limits, write)  J. COUNTY  C. CITY OR TOWN (If outside corporate limits, write)  C. CITY OR TOWN (If outside corporate limits, write)  C. CITY OR TOWN (If outside corporate limits, write)  C. CITY OR TOWN (If outside corporate limits, write)  C. CITY OR TOWN (If outside corporate limits, write)  C. CITY OR TOWN (If outside corporate limits, write)  C. CITY OR TOWN (If outside corporate limits, write)  C. CITY OR TOWN (If outside corporate limits, write)  C. CITY OR TOWN (If outside corporate limits, write)  C. CITY OR TOWN (If outside corporate limits, write)  C. CITY OR TOWN (If outside corporate limits, write)  C. CITY OR TOWN (If outside corporate limits, write)  C. CITY OR TOWN (If outside corporate limits, write)  C. CITY OR TOWN (If	RURAL and give mearest town)  e. 15 RESIDENCE ON A FARMS
i e	3. NAME OF DECEASED (Type or print) - AN First Patrick Middle DECEASED (Type or print) - AN First Patrick DEATH  5 SEX 6 COLOR OF RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH Sost birthdoy) WIDOWED DIVORCED 3 - 16 - 187/ Sost birthdoy) Soyris digring most of working life, even if retired Canada Land Land Land Land Land Land Land	5 1957
	15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16 SOCIAL SECURITY NO 17. INFORMANT  Add (Yet no or unknown) (II yes, give wor or dates of service)  18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c))  PART I. DEATH WAS CAUSED BY:  IMMEDIATE CAUSE (o)  DUE TO  Conditions, if ony, which gove rise to immediate couse (o), storing the under-	Duecosbery RJ,  INTERVAL BETWEEN ONSET AND DEATH  3 14 14 15
^	lying couse tost (c) the confirmation of the c	YEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES NO (County) (Slote)
מונם שנים ומונים למונים	21. I certify that I attended the deceased from	and on the date stated above.  state)  DATE SIGNED  R. A-5
2	Bureau Class 8 1957 St Maryo Clan Rance	or county) 792 (Store) ISTRAP'S SIGNATURE  Granes Liverys

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

## EULIVA V. S.

MING OF 1997

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 08795 08820 **CERTIFICATE OF DEATH** Rea. Dist. No director 1. PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) a. COUNTY fil ed **6. COUNTY** MARYLAND Prince Georges b. CITY OR TOWN (If outside corporate limits, write LENGTH OF STAY IN 16 90 c. CITY OR TOWN (If outside corporate limits, write RURAL and give negrest town) RURAL and give negrest town? should Glenn Dale (rural) davs Washington d. NAME OF HOSPITAL (If not in hospital, give street address)
OR INSTITUTION d. STREET ADDRESS . IS RESIDENCE ON A FARM? 401 Brandywine St. S. YES NO F Glenn Dale Hospital NAME OF Middle Lost 4. DATE Year Filled OF (Type or print) DEATH Theodore 8 19 57 James 6. COLOR OR RACE, 7. MARRIED III NEVER MARRIED B. DATE OF BIRTH
DUU I OF BIRTH
WIDOWED DIVORCED 12/21/ 5. SEX IF UNDER I YEAR IF UNDER 24 HRS 9. AGE (In years lost birthday) Months Days Hours n papers. Male Whi te 10 yrs 100 USUAL OCCUPATION (Give kind of work done 10b, KIND OF BUSINESS OR INDUSTRY 11 BIRTHPLACE (State or foreign country) 12 CITIZEN OF WHAT COUNTRY! during most of working life, even if retired) National Betective Special police detective Tenn. carbon USA 13. FATHER'S NAME ofter 14. MOTHER'S MAIDEN NAME physician Beulah Sheckelford Dunkin James move 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO 17. INFORMANT Address Yes Unknown Decedent othending 18. CAUSE OF DEATH [Enter only one couse per line for (a), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH 집 PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (6) Pulmonary hemorrhage L davs red X **DUE TO** à permit. Conditions, if ony, which Pulmonary tuberculosis vrs. gove rise to immediate **DUE TO** couse (a), stating the underlying couse lost. buriol-transit PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? Chronic empyema, left; cor pulmonale YES RO NO 1 20a. ACCIDENT WAS UNDERLYING OF CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Port II of item 18.) 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, 20f. (City or lown) (County) (State) factory, street, office bldg., etc.) 6. n. Not while p. m. at work of work , 19.56, to 8/6 \_\_\_\_\_\_ 19\_57\_,that I last saw the deceased 21. I certify that I attended the deceased from. \_, and that death accurred at 1:10 AM, from the causes and an the date stated above. alive on ADDRESS (Street, city or town, state) DATE SIGNED Ö ACTUAL Glenn Dale Hospital ď PHYSICIAN'S NAME (Type) Moe Weiss. FUNER oge 3 220. BURIAL, CREMATION, TEMOVAL (Specify) 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, lown, or county) (State) 23. FUNERAL DIRECTOR'S SIGNATURE **ADDRESS** 24g, REC'D BY REGISTRAR 245 REGISTRAR'S SIGNATURE VS A15 (4) DATE AUG 8 15M 9/55

death: Page

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

## BURLAU V. S.

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MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 08797 08821 **CERTIFICATE OF DEATH** Reg. Dist. No. 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution Residence before-polinission) a. COUNTY b. CITY OR TOWN (If outside corporale limits, write c. LENGTH OF STAY IN 16 CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town?) RURAL and give nearest lown) d NAME OF HOSPITAL (If not in hospital, give street address)
OR INSTITUTION STREET ADDRESS e. IS RESIDENCE ON A FARM? within 24 haurs YES NO IS NAME OF Middle Lost 4. DATE Month DECEASED QF (Type or print) DEATH 1945 5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED B. DATE OF RIPTH AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS last-bigthday) Months Min WIDOWED Y DIVORCED T y rs 10a USUAL OCCUPATION (Give kind of work done) 10b, KIND OF BUSINESS OR INDUSTRY 11, 8IRTHPLACE (Stole on-Epreign country) 12. CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) 13 FATHER'S NAME 14. MOTHER'S MAIDEN NAME 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANI Address a CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c) INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o' DUE TO Conditions, if any, which gave rise to immediate DUE TO cause (a), stating the underlying couse tast, PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(g) 19. WAS AUTOPSY PERFORMED? YES NO ID 200 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED, (Enter nature of injury in Part I or Port II of ilem 18.) 20c. TIME OF INJURY Month, 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) Day, Year 20d. INJURY OCCURRED (County) (State) foctory, street, office bldg., etc.) 0. 11. Not while at work at work 21. I certify that I attended the deceased fram Ithat I last saw the deceased and that death accurred at/150 alive an QU ATM, from the couses and an the date stated above. ADDRESS (Street, city or town, state) DATE SIGNED ACTUAL SIGNATURI TO HOSPITAL WITH STANKS NAME (Type) FUNER age 3 220. BURIAL, CREMATION, DATE\_THEREO 22c/NAME OF CEMETERY OR CREMATORY 22d, JOCATION (City, town, or county moy REMOVAL (Specify) O **FUNERAL DIRECTOR'S SIGNATURE** 24. REC'D BY REGISTRAR ADDRES 24b. REGISTRAR'S SIGNATURE VS A15 (4) 15M 9/55



ECEEPN V. Z

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 CERTIFICATE OF DEATH 08778 Rea. Dist. No. 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) o. STATE o. COUNTY **b.** COUNTY P di. MARYLAND Prince Goorges
CIY OR TOWN (If outside corporale limits, write Marvland Geo c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) uneral di di RURAL and give nearest town) 616 - 10th Street Dave d. NAME OF HOSPIAL (If not in hospital, give street address) OR INSTITUTION e. IS RESIDENCE STREET ADDRESS YES NO T Laure Prince Georges Genera 4. DATE NAME OF Month Day Middle Lost Year DECEASED DEATH (Type or print) Aug Alfred Kellv 19 9. AGE (In years lost birthdoy) 5 SEX IF UNDER 1 YEAR IF UNDER 24 HRS 6. COLOR OR RACE 7. MARRIED T NEVER MARRIED 8. DATE OF BIRTH Months Days Hours Min. carbon papers. WIDOWED [ DIVORCED | 53 yrs. Male Negood 100. USUAL OCCUPATION (Give kind of work done 10b, KIND OF BUSINESS OR INDUSTRY 11 BIRTHPLACE (Slote or foreign country) 12 CITIZEN OF WHAT COUNTRY? during most of working life, even it retired) and 13. FATHER'S NAME 14 MOTHER'S MAIDEN NAME physician certificate Move 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO 17 INFORMANT Address 0 thending death INTERVAL BETWEEN 18. CAUSE OF DEATH [Enter only one couse per line for (a), (b), and (c) ] PART I DEATH WAS CAUSED BY: that the IMMEDIATE CAUSE (o) 442X **DUE TO** ony Conditions, if ony, which gove rise to immediate **DUE TO** Ž. couse (o), stoting the underbeen si lying couse lost burial-transit PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH) BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(6) 19 WAS AUTOPSY PERFORMED? YES NO has 20g. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b, DESCRIBE HOW INJURY OCCURRED, (Enter nature of injury in Port I or Port II of item 18.) certificate MEDICAL 20e. PLACE OF INJURY (Home, form, 20f. (City or town) 20c. TIME OF INJURY 20d. INJURY OCCURRED Month. Day, Year (County) (State) factory, street, office bldg., etc.) Hour o.m. White Not while of work of work 30-19 Sahat I last saw the deceased 21. I certify that I attended the deceased fram. and that death accurred at 8:50P alive an M, from the causes and an the date stated above. ő ADDRESS (Street, city or town, slote) DAITE/SIGNED DIRECT ACTUAL ő D PHYSICIAN'S NAME (Type) HOSPIT FUNE 220 BURIAL, CREMATION, 22b, DATE THEREOF 22c NAME OF CEMETERY OR CREMATIONS 22d. LOCATION (City, town, (Stote) REMOVAL (Specify) may ě 01 0 8 REGISTRAR 245 REGISTRAR'S SIGNATUR **ADDRESS** 23. FUNERAL DIRECTOR'S SIGNATURE 24a. REC'D VS A15 (4) rmont Ave. . Was Wash.

RUBEAU V. S.
BUREAU V. S.

08779

CERTIFICATE OF DEATH

				Reg. Dist. No	1.			
1. PLACE OF DEATH O COUNTY Prince Georges	MARYLAND	2. USUAL RESIDENCE (WHO STATE MG.	ere deceased lived. If institution b. COUNTY		Georges			
b. CITY OR TOWN (If autside corporate limits, write RURAL and give nearest lown).  Che verly, Md.	c. LENGTH OF STAY IN 16	E. CITY OR TOWN (IF a	utside corporate limits, write R HILLS	URAL and give ne	arest lawn)			
d. NAME OF HOSPITAL (if not in hospitot, give street OR INSTITUTION Prince Georges	et address) General	d street Address 38 05-71st	Avenue		e. IS RESIDENCE ON A FARM? YES NO			
3 NAME OF First	Middle	inhn	4. DATE Mon OF DEATH 8-		oy Year 19 57			
	RRIEG NEVER MARRIED	8. DATE OF BIRTH 1-13-03	9. AGE (In years lost birthday) 54 yrs.	Months Doys	Hours Min.			
100. USUAL OCCUPATION (Give kind of work dane 10) during most of working life, even if retired) HOUSEWIFE	At home	Chicago,		USA	OF WHAT COUNTRY?			
13. FATHER'S NAME Anthony Gretzner		Unknown	IAME					
15. WAS DECEASED EVER IN U. S. ARMED FORCES? The no. or unknown] [If you, give wor or dates of service] None		nformant rry L. Kuhr	Add 1, 380571s					
PART I. DEATH WAS CAUSED BY:  IMMEDIATE CAUSE (a)  Conditions, if any, which gove rise to immediate cause (a), stating the under- lying cause lost.  PART II. OTHER SIGNIFICANT CONDITIONS  200 ACCIDENT WAS UNDERLYING  OR CONTRIBUTING CAUSE OF DEATH (If EITHER NOTIFY MEDICAL EXAMINER)		<u> </u>		EN IN PART 1(a)	19. WAS AUTOPSY PERFORMED? YES NO			
20a ACCIDENT WAS UNDERLYING   CAUSE OF DEATH   20b DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Port II of item 18.)								
21. I certify that I attended the decedative on 8-21-57 19  ACTUAL SIGNAPURE A. Hut  PHYSICIAN'S Thomas M. Hut		accurred at 1:25	PM, from the causes of ADDRESS (Street, city or town, and over Ref	ind on the do	aw the deceased above.  DATE SIGNED  ( )			
220 BURIAL, CREMATION, 226. DATE THEREOF BUTIES 8/23/1957	22c. NAME OF CEMETERY O Arlington		22d LOCATION (City, town, of Arlington,		(State)			
23 FUNERAL DIRECTOR'S SIGNATURE W.W.Chambers Company	, Riverdale,	Md. DATE AU	- h.	STRAR'S SIGNATU	RE			

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be relained by the hospital or attending physician.

TO FUNE: DIRECTOR: After this certificate has been signed by the attending physician and campletely filled the funeral director, page 3 thould lie detached for use as the burial-transit limit. Then please remain pages, Pages 1 and 2 shauld be filled with the registrar prior to burial, cremation, or remaval, and in any event within 72 hours after death.

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VS A1S (4) 15M 975S

BUREAU Y. E.

AUG 26 1957

DEALEGENARIO

## MEDICAL EXAMINER'S CERTIFICATE OF DEATH

08801 Reg. Dist. No.

1. PLACE OF DEATH o. COUNTY				. 11	2. USUAL RESIDENCE (Where deceased lived. If Institution, Residence before admiss on) o. STATE							
b. CITY OR TOWN III outside corporate simils, write RURAL C. LENGTH OF STAY IN 16					Maryland Pr. Geo.							
and give neatest town	110	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)										
	verly	( t - b -	D.O.A.e		d. STREET ADDRESS	Spring	8			I - 10 0	SECURENCE.	
						T				ON	RESIDENCE I A FARM?	
3. NAME OF	orges Gene				4900 Luc	7				-	МО	
DECEASED (Type or print)	Fint		Middle		Lost F., m. ss	4. DATE OF	Mont		Day		Year	
5. SEX	Robert	7. 44400	Me  IED M NEVER MARRIED		Leng	DEATH	August 9. AGE  In years	19	O lucan		19 <b>57</b> DER 24 HRS.	
		WIDOWI		_	3-19-07		lost birthday)	Months	Doys	Hours	Min.	
Male	White		KIND OF BUSINESS OR IN			or foreign o	50 yrs.	ha cu	TIZENIO	E WELLT	COUNTRY	
during most of workin	g life, even if retired)	105.	Automobile	L G J I N I	Washingt		_	12. (1		S.A.		
Salesman  13. FATHER'S NAME			Addoughouthe	1	4, MOTHER'S MAIDEN I		0.		04	O E SE	,	
Charles	Long				Gertru		1e					
15. WAS DECEASED EVE		RCES? 16.	SOCIAL SECURITY NO. 1	17. INR	DRMANT		Address					
(Yes, no, or unknown)	(If you, give wer or deter of				Florence A.	Langs						
18 CAUSE OF DEAT	THE Fotor only one can	se per line	for (n) (h) and (c) ]		2020200 30					TYAL BETW	/ESA	
PART I, DEAT	PART 1. DEATH WAS CAUSED BY:										ATH	
411124	IMMEDIATE CAUSE (6)		Acute conge	1404	re Reary Is	THE STATE						
Conditions if or	Conditions, if ony, which) (b) Cardiovascular renal disease											
gave rise to immed	liote couse		Assistant (chanistel)	E 1 4	Mathart or se	TE &			_			
(a), stating the u	inderlying (c)											
Z PART II. OTH			ONTRIBUTING TO DEATH B	UT NO	RELATED TO THE TERM	INAL DISEAS	E CONDITION GIV	EN IN PA	RT I(o) 1	9, WAS	AUTOPSY	
PART II, OTH  200. EXTERNAL CAU  PRIMARY OF CON CAUSE OF DEATH.										PERFO YES 🖂	DRMED?	
200. EXTERNAL CAU	SE WAS 20	b. DESCRIS	BE HOW INJURY OCCURRE	D. (Ente	r nature of injury in Par	rt I or Part II	of item 18.}			Accel	J.A.	
200. EXTERNAL CAU PRIMARY OF CON CAUSE OF DEATH.	TIRIBUTING L						·					
3 20c. TIME OF INJUR	Y Month, Day, Yee	r 20d.	INJURY OCCURRED 200.	PLACE	OF INJURY (Home, form	n, 20f. (Cit)	or town)	(Co	ounty)		(State)	
20c. TIME OF INJUR	19	Whit	le Not while ork of work	factory	, street, office bldg., etc	.)						
	at I toak charae		remains described a	above	held an Autans	v 🗆 1	nspection (	Inqui	ry Jer	and	find tha	
	fram: Natural				te . Hamicide		ndetermined of		_	dila	11110-1110	
	. /	,			local / Trustition				٦.			
ACTUAL	chas ?	VIA -	lance		CHIEF MEDICAL E	XAMINER [				DATE S	SIGNED	
	A SANCE OF THE PROPERTY OF THE	The second	in vieny		ASSISTANT MEDIC	AL EXAMINE	R 🗀			4.0		
EXAMINER'S NAME (Type)	John T. Ma	Loney	M.D.		DEPUTY MEDICAL	EXAMINER T		st 19	2. 19	257		
220. BURIAL, CREMATIO			22c. NAME OF CEMETERY	OR CR	EMATORY	22d. LOCA	JION (City, town,			(Stat	9}	
REMOVAL (Special)	aug. 21-	57	Cedar	, 1	tell	as	cutla	D.	17	クメ		
23. FUNERAL DIRECTOR	SSIGNATURE	11	ADDRESS He	ne.	724 SC 240. REC'	D BY REGIST	RAR 24b. BEGI	STRAR'S SI	SNATU	/ Prints		
Aimmon	- BNO.	160	1100	1	- DIIG	2 1 '57	1122-1-2	such	4			

TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours ofter death. If any defay is necessary, please executed by the foundation of the funer force. Page 4 should be cateford to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for your force. To FIV. At DIRECTOR: Page 3 should be used as a buriof-transit permit. Fite pages 1 and 2 with the registrar prior to puriof-tremation, Far. TO FU

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VS A15ME(5) 5M 9/55

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death. Page

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certificate

DIRECTOR

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VS A15 (4)

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BUREAU V. E.

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MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 08782 MEDICAL EXAMINER'S CERTIFICATE OF DEATH FOR STATE Reg. Dist. No. FAITH DEPT 2 USUAL RESIDENCE (Where deceased lived. If int) but on Residence before admission) PLACE OF DEATH COUNTY b. COUNTPrince George's Prince George's Maryland MARYLAND b. CITY OR TOWN of outside corporate up to write \$118AL c. LENGTH OF STAY IN 15 c. CITY OR TOWN (If outside corporate limits, write RUPAL and a ve negres) town) Cheverly DOA Oxen Hill d STREET ADDRESS d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) ON A FARM 4529 Wheeler Road, S. E. YES NO PE Prince George's General Hospital Middle Month DECEASED 1057 Lindsey August George (Type or print) 9 AGE tto versa TEUNDER TYPAR SE UNDER 24 HRS 6 COLOR OF RACE 7 MARRIED PA NEVER MARRIED TO 8 DATE OF BIRTH Months Feb. 7, 1900 DIVORCED [7] WIDOWED [7] Colored 100 USUAL OCCUPATION (Give kind of work done 10b KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stote or foreign country) during most of work no life, even if refired)

Apt. Building North Carolina 12. CITIZEN OF WHAT COUNTRY? Page U.S.A. 13 FATHER'S NAME 14. MOTHER'S MAIDEN NAME Unknown Unknown 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 17 INFORMANT 16. SOCIAL SECURITY NO. 4529 Wheeler Road, S. E. Mabel Gross Oxen Hill, Maryland INTERVAL BETWEE & TE CAUSE OF DEATH Seater only one cause per line for (o), (b), and (c). PART I. DEATH WAS CAUSED BY. Cerebral edema, pulmonary edema IMMEDIATE CAUSE (o) 3220 DUE TO Acute alcoholism Conditions, if ony, which gove rise to immediate couse DHE TO (a), stating the underlying couse lost. PART H. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART HOLTS. WAS AUTOPSY NOF 200. EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING CAUSE OF DEATH. 206. DESCRIBE HOW INJURY OCCURRED l'Enter nature af injury in Part 1 or Part II of item 18 à 20d INJURY OCCURRED 20e PLACE OF INJURY (Home, form, 120f (City or town) 20c. TIME OF INJURY Month, Dov. Year (State) factory, street, office bldg , etc ) White 0 0 of work of work 21. I certify that I task charge of the remains described above, held an Autapsy (C). Inspection (C). Inquiry (C). and in my apinion death resulted from: Natural causes X. Accident 1. Suicide . Hamicide . Undetermined manner DATE SIGNED ACTUAL CHIEF MEDICAL EXAMINER SIGNATURE ä EXAMINER'S 8-16-57 NAME (Type James I. Boyd DEPUTY MEDICAL EXAMINER 1 LOCATION (City, town, or county) 22c. NAME OF CEMETERY OR CREMATORY 240. REC'D BY REGISTRAR 24b REGIST

MIBEVO A' &

AUG 19 1957

BECEINED

Ann E. Address same as decedent INTERVAL BETWEEN

08803

e. IS RESIDENCE

Оау

Days

(County)

FUNDER LYEAR IF UNDER 24 HRS

Hours

12. CITIZEN OF WHAT COUNTRY?

U.S.

ON A FARM?

YES NO T

Year

1957

Min.

(Stole)

Reg. Dist. No.

Month

yrs.

AUGUST

Months

ONSET AND DEATH sideou PART I, DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) 163× **DUE TO** Conditions, if any, which gove rise to immediate **DUE TO** cottse (o), stoting the underlying couse lost. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19 WAS AUTOPSY PERFORMED? YES NO PO

20g. ACCIDENT WAS UNDERLYING 
OR CONTRIBUTING 
CAUSE OF DEATH 20b. DESCRIBE HOW INJURY OCCURRED (Enter noture of injury in Port II or Port III of item 18.)

IF EITHER, NOTIFY MEDICAL EXAMINER

20c. TIME OF INJURY Day. 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, 20f (City or town)

Not while

While

at work \_\_ at work \_\_ p. m 21. I certify that I attended the deceased from 16. that I last saw the deceased

factory, street, office bidg., etc.]

alive on QM, from the couses and on the date stated above, and that death accurred at APDRESS (Street, city or town, state)

ACTUAL SIGNATURE PHYSICIAN'S DR. AARON DETTZ

NAME (Type 226. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 220. BURIAL CREMATION. 22d LOCATION (City, town, or county) (State) 8-10-57 Wolftown. Methodist Church

23 FUNERAL DIRECTOR'S SIGNATURE **ADDRESS** 24a. RECES BY REGISTIAR 24 AMEGISTRARIS SIGNATURE DATE

15M 9/55

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 MEDICAL EXAMINER'S CERTIFICATE OF DEATH 08784 Rea. Dist. No. EALTH DEPT PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. COUNTPrince George's **b.** COUNTY D. MARYLAND b. CITY OR TOWN (If outside corporate limits, we to EURAL c LENGTH OF STAY IN 16 c. CITY OR TOWN (If outs de corparate limits, write RURAL and give nearest town) **BET 6** 0 Riverdale ashington d NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d STREET ADDRESS 1410 S. Street S. E. Leland Memorial Hospital 3. NAME OF Middle 4 DATE Month DECEASED CHARLES HORACE LONGLEY (Type or print) DEATH lug. 5. SFX 6 COLOR OR RACE 7. MARRIED NEVER MARRIED 1 B DATE OF BRTH 9 AGE (n yeers IF UNDER TYPAP! IF UNDER 24 HRS lost birthday) Male 30 Sept 1929 White Manths WIDOWED [\*\* DIVORCED [ 10a USUAL OCCUPATION (Give kind of work done 10b KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) during most of working life, even if retired) Fireman D.C. Fire Dept. Maryland 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Max E. Longley Rose Mary Lopez 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16 SOCIAL SECURITY NO. 17 INFORMANT Address Yes 1948 to 1952 Mattie Buckley Same as # 2 (Aunt) Unk/ 18 CAUSE OF DEATH [Enter only one cause per line for (o), (b), and (c). ] PART I. DEATH WAS CAUSED BY: Henorrhage and shock IMMEDIATE CAUSE (6) 0 Pencil is DUE TO Trauma, multiple and severe Conditions, if ony, which gave rise to immediate cause DUE TO (o), stoting the underlying course last automobile accident PART II. OTHER SIGNIFICANT CONDITIONS CONTR BUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19, WAS AUTOPS CFFTIFICATION 206 DESCRIBE HOW NURY OCCURRED (Enter nature of injury in Part 1 or Part II of item 18) 200. EXTERNAL CAUSE WAS PRIMARY TO OF CONTRIBUTING TO Operator of an automobile in collision with a bridge . 20c TIME OF INJURY 20d. INJURY OCCURRED | 20e PLACE OF INJURY (Home, form, 120f. (City or lown) factory, street, office bldg , etc ) of work at work attsville 21. 1 certify that I took charge of the remains described above, held an Autopsy 17. Inspection 11. Inquiry 17. CTOR: apinion death resulted from: Notural causes . Accident . Suicide . Hamicide . Undetermined manner ACTUAL CHIEF MEDICAL EXAMINER SIGNATURE ASSISTANT MEDICAL EXAMINER EXAMINER NAME (Type) DEPUTY MEDICAL EXAMINER TO John T. Maloney. M.B. luguet 1rd. 220 BURIAL CREMATION 226 DATE THEREOF 22d. LOCATION ICITY

246 REGISTRAR'S SIGNATURE

O BY REGISTANA

(County)

IS RESIDENCE ON A FARMS

YES NO XX

Year

19

Hours Min

12 CITIZEN OF WHAT COUNTRY?

INTERVAL BETWEEN ONSET AND DEATH

> PERFORMED? NOF

> > (Stole)

and in my

DATE SIGNED

Days

RUPLAU V. S.

DE VIEW AND



#### MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

08806

**CERTIFICATE OF DEATH** 08785

Reg. Dist. No.

-		-							
1	PLACE OF DEATH PRINCE GE	ORGES	MARYLAND	2. USUAL RESIDEN o. STATE	CE (Where decease		YPRINCE		
	b. CITY OR TOWN (If outside corp	orote limits, write c.	LENGTH OF STAY IN 16	c. CITY OR TOV	VN (If outside corp		RURAL and give	e nearest town	)
	OR INSTITUTE GE	corde some street odd	ERAL HOSP.	d. STREET ADD	4 4	NKER HIL	RD.		DENCE FARM? NO
3	NAME OF DECEASED (Type or print)	HIGILIEN	Middle R	MY	4. DATE OF DEATH	Arm	onth DGUST	,	957
5	. SEX	OR RACE 7 MARRIED WIDOWED	NEVER MARRIED	8. DATE OF BIRTH		9. AGE (In year loss) rihday) 58 yr	Months Do	YEAR IF UNDE	R 24 HRS. Min.
10	Oa. USUAL OCCUPATION (Give kind during most of working life, even	of work done 10b. KIN if retired)	of Business OR INDI	Bett	usda	- md	12. CITIZE	EN OF WHAT	COUNTRY?
	ames an	drew y	eatman	- Tren	L Voc	Coni	n Br	me	<u></u>
	5. WAS DECEASED EVER IN U. S. AR	MED FORCES? or dates of service]	CIAL SECURITY NO. 17.	MORMANT De	rothy	mai	tin a	alie	uss
	PART I. DEATH (Enter or PART I. DEATH WAS CAU IMMEDIATE 330 X Conditions, if eny, which gove rise to immediate couse (a), stoting the underlying couse lost.	ISED BY.	nticula Datanes Kenn	us Sut	illate L. Grace	on horis		6 W	DEATH
ELC A TICAL	PART II. OTHER SIGNIFICA		TRIBUTING TO DEATH BU				IVEN IN PART 1	PERFO	NO 🗍
1 CCDTICE		F DEATH							
MEDICAL	20c. TIME OF INJURY Month, Hour e. m. p. m.	Day, Year 20d. INJU While at work	Not while	ACE OF INJURY (Honoctory, street, office blo	ne, form, 20f (Cit dg., etc.)	y or town)	(Cou	inty)	(State)
	21. I certify that I attend alive an ACTUAL SIGNATURE Bergas	ded the deceased	from June 1. and that death . mills	1957, 1 n occurred of 1		m the causes Street, city or town		date state	
	PHYSICIAN'S BENJ	AMÍN	S. MILL	FR	. Oliv Aller Aller Sales (Aller Aller Aller Aller Aller Sales (Aller S	****			
2	REMOVAL (SPECIFI) 226 DAT	E THEREOF	Total Sir	COCH	Cols	LTION (C'ty town	nau	(Stole	yd.
23	a FUNERAL DIRECTOR'S SIGNATURE Calley Junela	e Home	Mt. Rain	uer Jul o	a. REC'D BY REGIS	TRAR 246 REC	STRAR'S SIGN	ATURE 7	
-		Qui -					-EEEEE		

may be retained by the haspital or attending physician.

TO FUNES DIRECTOR: After this certificate has been signed by the attending physician and completely filled the funeral director, page 3 would be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filled with the registrar prior to burial, cremation, or removal, and in any event within 72 hours offer decity. TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours after death. Page 4

RUBEAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

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VS A15 (4) 15M 9/55

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BUREAU V. S.

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		0.8	787	CER	TIFIC	ATE OF DEATH			Rog. Dist.		3000
	PLACE OF DEATH COUNTY Prince Geo	rges		MA	RYLAND	2 USUAL RESIDENCE (Who o. STATE Maryland		b. COUNTY	ni Pesidence		missipn)
	CITY OR TOWN (IF	outside corporate limi	ls, write	c. LENGTH OF ST.	AY IN 1b	c. CITY OR TOWN (IF or	utside corporate li				lown)
	Cheverly			33 Da	vs	Frentwood					
	OR INSTITUTION	IL (If not in hospital, g	ive street	oddress)		d. STREET ADDRESS					RESIDENCE N A FARM?
	Prince Ge	orges Gene	ral			3908 Per	rv.St.				□ NO □
- 1	NAME OF DECEASED (Type or print)	Mi nni e		McLane		Lost	4. DATE DEATH	Ang		Day	Year 19 57
5. 5	EX	6 COLOR OR RACE	7. MAR			8. DATE OF BIRTH	9, AC		IF UNDER T		NDER 24 HRS
	Female	White	WIDOW	ED DIVOR	CED 🔲	1-16-77		30 775	Months D	ays Ho	urs Min.
0a	during mast at warki	ng life, even if retired	dane 10b.	KIND OF BUSINESS	OR INDU	STRY 11. BIRTHPLACE (State of	or foreign country		12. CITIZ	EN OF WI	HAT COUNTRYS
3.	FATHER'S NAME	13 V	1.			14. MOTHER'S MALBEN N	AME		1	7,7	
8%	WAS DECEASED EVER	IN U. S. ARMED FOR	CESA TIO	SOCIAL SECURITY I	NO 17. I	NFORMANT		Abdr.	PAD	0	11
-Effer	no artunknown) (1	I yes, give wor or dotes of g	frica]	2026	1	1. 17.1	35 7		3408	In the	oy soil
	18 CAUSE OF DEAT	TH [Enter only one co	use per-M	ne for (a), (b), and	(c) 1	Variation of	1		Mari	INTERVAL	BETWEEN
	PART I. DEAT	H WAS CAUSED BY:		basis	,	toll mee	e Loke	_		ONSET A	ND DEATH
	* 2 X	DUE TO				1	15	-		91	
	Canditions, if an		P	unden	L R	renear de	lui!			200	as las_
	gave rise to im couse (o), stating the lying cause last		2777	tra cere	bal	hem. et.	Sec. 4.	o Su	· As	33 5 cl	10000
CATION	PART IT OTH			CONTRIBUTING TO	DEATH BUT	NOT RELATED TO THE TERMIN	NAL DISEASE CON	IDITION GIVI	EN IN FART 1	PE	AS AUTOPSY REORMED?
CERTIF	200 ACCIDENT WAS OR CONTRIBUTING I (IF EITHER, NOTIFY A	UNDERLYING A CAUSE OF DEATH MEDICAL EXAMINER)	20Ь. DES	CRIBE HOW INJURY	OCCURRE	D. (Enter nature of injury in P	art I or Part II of	item 18)			
MEDICAL	20c. TIME OF INJURY Haur a. m.		r 20d l While	NJURY OCCURRED Not while	20e PL for	ACE OF INJURY (Home, form, tary, street, office bldg., etc.)	20f. (City or to	wn)	(Co	unty)	(State)
ME	p. m	19	at war	k at wark							
	21. I certify the	at I attended the	deceas	ed framJa	eg.	4, 1957, 10 4	Lugis	. 1957	,that I la	st saw t	he deceased
	alive on	14-5-1-	, 19.3	1.7, and th	at death	occurred at 10:00	M, from the	causes a	nd an the	date st	
	ACTUAL L	2000	17 1				DDRESS (Street, o		- r t	1.1	DATE SIGNED
	SIGNATURE	DECE I	3.0	uryu	<u> </u>	M.D. 3103 Pel	rryst	1416	Kolni	er Mo	1 4.6 7.
	PHYSICIAN'S NAME (Type)	aldo B	1	loyers		3503 Peri	4 St. 1	76.00	linie	1- 19	1.d.
220	BURIAL, CREMATION REMOVAL (Specify)	22b. DATE THEREO	7	22c. NAME OF CI	Ole.	R CREMATORY	22d LOCATION	City town to	county)	var l	Store)
23.	FUNERAL DIRECTOR'S	SIGNATURE		ADDRESS		7 249. REC'D	BY REGISTRAR	75 REGIS	FRAR'S SIGN	ALURE	
	1) 1/1 1/10	outen 5	80,	1. Classia	2 f. 11.	windal Proporte AU	G 12 '57	CO H	LEGILL	M	

TO HOSTITAL DE ATTENDING PEYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Toge = may be relatined by the haspital or attending physician.

TO FUNER CORECTOR: After this certificate has been signed by the attending physician and completely filled the funeral director, page 3 through be detached far use as the burial-transit permit. Then please remove carbon papers. Pages 1 0-2-2 should be filled with the registrar priar to burial, cremation, ar remaval, and in any event within 72 haurs after death.

VS A15 (4) 15M 9/55

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4UG 12 1957

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# FOR STATE HEALTH DEPT. director, Page or your files Soord of Health, TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hmus after death. If any delay is execute 19th certificate, writing the word "pending" in pencil in Item, 18. Give Pages 1, 2, and 3 to the further thousand the control of the Chief Medical Examiner's Office along with form PM3. Page 5 may be reform TO FULLERAC DIRECTOR: Page 3 should be used as a buriot-transit permit. File pages, fond 2 with the Store or its designated agent, prior to buriot, cremation, or removal, and in any event within 72 hours after death.

VS. A15ME 5M 2 '57

17.

#### MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 MEDICAL EXAMINER'S CERTIFICATE OF DEATH 08700

08810 Dan Disk No.

	)-1.99 <sub></sub>				ry, Dist. 140.
PLACE OF DEATH	rince George's	MARYLAND		Where deceased lived. If institution: chusetts b COUNTY	Residence before admission) Suffolk
b CITY OR TOWN	(If outside corporate f m ts. write RURA)	c. LENGTH OF STAY IN 16	CHTY OR TOWN (	If outside corporate limits, write RURA	AL and give nearest town)
hever.	ly Md.	6 hours	Boston	, , ,	
d. NAME OF HOSP	TAL OR INSTITUTION (IF not in	hospital, give street address)	d STREET ADDRESS		ON A FAR.
Prince	Georges Genera	al Hospital	25 La Ros	e Place	YES NO X
3. NAME OF DECEASED (Type or print)	Corabel	Mc Si	nerry	4. DATE Month OF DEATH All CT1	Doy Year 3.0 1957
5. SEX female	1 a. A. A. A	ARRIED NEVER MARRIED B	July 24, 19	9 AGE (In years IF U	NDER TYEAR IF UNDER 24 HPS nibs Days Hours Min.
10a USUAL OCCUPAT	ON Give kind of work done 1	DE KIND OF BUSINESS OR INDUST	RY 11 BIRTHPLACE (Stot	e or foreign country)	CITIZEN OF WHAT COUNTRY?
House	ing life, even if retired) Wife	own Home	New Ham	pshire	USA
13. FATHER'S NAME			14. MOTHER'S MAIDEN	NAME	
Ha	rold Stickney		Selina	?	
15. WAS DECEASED E	VER IN U. S. ARMED FORCES?  (If yes, give wer or deles of service)		FORMANT chard Mc Sh	cape Vinc	
IR CAUSE OF OF	ATH [Enter only one cause per	<del></del>		-New York	INTERVAL BETWEEN
	ATH WAS CAUSED BY:	the for fol, fol, and fel.			DISET AND DIATH
1	MMEDIATE CAUSE (0)	Hemorrhage_	and shock		
016X	DUE TO	Fracture of	the almil	l, crushed che	cut.
Conditions, if					100
(a), stating the cause last.		fracture of	the left	Temur	
Z PART II, O'		S CONTRIBUTING TO DEATH BUT N	OT RELATED TO THE TERM	WINAL DISEASE CONDITION GIVEN IN	
PART II, O'  20g EXTERNAL CA					YES NO -
20g EXTERNAL CA	AUSE WAS 206 DESC	CRIBE HOW INJURY OCCURRED (E	nter nature of university to Po	ori Lor Port II of Hem 18 )	collisi
200 EXTERNAL CALLED PRIMARY IN OF COUNTY	ONTRIBUTING C			that was in a	n head on/
-		Od. INJURY OCCURRED 200 PLACE			
20c TIME OF INIT	. 8/10 57 N	While Not while fack	iry, street, office bldg., et	Hall Pr.	George's and
21. I certify	that I took charge of th	ne remains described abo	ve, held an Autap	sy . Inspection - Ir	nquiry 7, and it my
		al causes Accident		Homicide [], Undetermin	· · · · · · · · · · · · · · · · · · ·
ACTUAL	/	105		_	DATE SIGNED
SIGNATURE	and!	24 20 W	M D CHIEF MEDICAL E	XAMINER [	and another
EXAMINER'S THAME (Type)	r ames I. Boyd	U L	ASSISTANT MEDICAL	CAL EXAMINER [7] AU 714	st 11, 1957
220 BURIAL, CHEMAT	ON 226 DATE THEREOF	22c. NAME OF CEMETERY OR	CREMATORY	27d LOCATION (City, town, or cou	unty) (State)
REMOVAL (Specifi		Bosto		Masschuse	
23. FUNERAL DIRECTO		ADDRESS		D BY REGISTRAR 246, REGISTRAR	z
		yattsville, Md.			The state of
a dasc	m o "one m	ACTORATTIES LICE	DATE	Aug 13 5 (122)	31

DEVILUE V. S.

08817 08789 MEDICAL EXAMINER'S CERTIFICATE OF DEATH Rea. Dist. No. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) PLACE OF DEATH a. COUNTY 110 Prince Georges o. STATE Maryland 6. COUNTY MARYEAND b. CITY OR TOWN III outside corporate limits, write RURAL c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If autside corporate limits, write RURAL and give nearest town) Cheverly Tall Timbers 112 ON A ARM? d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS Prince George General Hospital NAME OF 4. DATE Month Day OF DEATH MARY MAGDALENE MOCKABEE August 5 19 57 (Type or print) 9 AGE (In years 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 18. DATE OF BIRTH IF UNDER TYEAR IF UNDER 24 HRS. Female White Hours 15.1875 WIDOWED T Sept. DIVORCED [ 10a, USUAL OCCUPATION (Give kind of work done 10b, KIND OF BUSINESS OR INDUSTRY 11, BIRTHPLACE (State or foreign country) 112. CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) At Home U.S.A. St Mary's Co. Md. שמא T3. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Myrtle Bernard Owens Cooke Pages 5 r 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT None Mrs. Mitchell Milkie W. Hvatts. Md. 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] INTERVAL BETWEEN DINSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (0) 402.0 **DUE TO** Conditions, If any, which gave rise to immediate cause **DUE TO** (a), stating the underlying couse last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(0) 19 WAS AUTOPSY CERTIFICATION PERFORMED? NO P 200. EXTERNAL CAUSE WAS PRIMARY LEG CONTRIBUTING CAUSE OF DEATH. 20b. DESCRIBE HOW INJURY OCCURRED, (Enter nature of injury in Part I or Port II of Item 18.) 20r. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20a PLACE OF INJURY (H (County) (Slote) factory, street, affice bldg., etc.) Not while at work of wark 21. I certify that I taak charge of the remains described above, held an Autopsy 1. Inspection 7. Inquiry death resulted from: Natural causes , Accident . Suicide . Homicide , Undetermined cause DATE SIGNED ACTUAL SIGNATURE CHIEF MEDICAL EXAMINER ASSISTANT MEDICAL EXAMINER [7] **EXAMINED** NAME (Type) DEPUTY MEDICAL EXAMINER 220. BURIAL, CREMATION, 226. DATE THEREOF 22c. NAME OF CEMBERY OR CREMATORY 22d LOCATION (City, lawn, or county (State) REMOVAL (Specify) O Md. 8-8-1957 Washington National Suitland ADDRESS 23. FUNERAL DIRECTOR'S SIGNATURE 246 REGISTRAR'S SIGNATURE 24a, REC'D BY REGISTRAR VS. A15ME(5) DATE AUG 12 W.W.CHAMBERS CO. 517-11th.St. S.E. 5M 9/55 Washington D.C.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

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DECENAED

MARYLAND	STATE DEPARTMENT	OF HEA	LTH-BA	LTIMORE,	18
00400					

08790 CERTI	FICATE OF DEATH Reg. Dist.	08812 No.
TRINCE 75EORGE	PLAND  2 USUAL RESIDENCE (Where deceased lived If institution Residence to STATE b. COUNTY PRINCE	4
b. CITY OR TOWN (If autside corporate limits, write pural, and give nearest lown)	Seat Pleasant x2	Regrest lown)
of NAME OF HOSPITAL (If not in hospital, give street address)  OF INSTITUTION  TRING C XERRGE XERRA	eul 207-Addison Rd.	ON A FARM? YES NO DE
3 MAME OF DECEASED (Type or print)  5. SEX  16. COLOR OF RACE 17. MARRIED TRINEYER MARRIED  17. MARRIED TRINEYER MARRIED TRINEYER MARRIED  18. SEX	1A Naylor DEATH Quayst	3/ 1957
Female white WIDOWED DIVORCE	Do June 24, 1888 69 yrs. Months Do	lys Hours Min,
during not of working life, even if returned)	Maryland 6	1.5.A
James Bedsworth	Ursula Sterling	
1S WAS DECEASED EVER IN U. S. ARMED FORCES? [16 SOCIAL SECURITY NO [193, no. or unknown] [If you, give wor or date of terrico]	Harry C. naylor, 382+ 956	lison Rogard
PART I. DEATH WAS CAUSED BY:  IMMEDIATE CAUSE (a)	ar lamp, nade	INTERVAL BETWEEN ONSET AND DEATH
Conditions, if any, which gave rise to immediate (b)	ue arrta	1 ding
tying cause last.	es sclerais	10 years
Part II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DE	ATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1	PERFORMED?

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Port II of Item 18.)

and that death occurred at

200 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

20c TIME OF INJURY Day, Year 20d. INJURY OCCURRED Hour 0. m. While Not while of work | p. m.

20e. PLACE OF INJURY (Home, form, factory, street, office bldg , etc.) 20f (City or town) (County)

CERTIFI

MEDICAL

deceased from and

Z,that I lost saw the deceased

(Stote)

DATE SIGNED

(Stote)

ACTUAL SIGNATURE

ADDRESS (Street, city or town, state

PHYSICIAN'S NAME (Type) 220. BURIAL, CREMATION. REMOVAL (Specify)

23 FUNEJIAL DIRECTOR'S SIGNATURE

DATE THEREOF 14.5

CEMETERY OF CREMATORY 22c NAME ADDRESS

240. RECAD BY REGISTRAR DATE

.M, from the couses and on the date stated above.

VS A1S (4) 15M 9/SS

BUREAU V. 2

2Eb 2 1825

BECEINED

#### MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 MEDICAL EXAMINER'S CERTIFICATE OF DEATH Rea Dist. No. -EALTH DEPT. 7 USUAL RESIDENCE (Where deceased I ved. If institution Residence before admission) PLACE OF DEATH e. COUNTY files Health, **b.** COUNTY Prince Georges MARYLAND H b CITY OR TOWN I houtube corporate limits, write RURAL C. LENGTH OF STAY IN 15 c. CITY OR TOWN (If autside corporate fimits, write RURAL and give nearest town) found frames were been Mount Rainier Mount Raimier years d NAME OF HOSPITAL OR INSTITUTION (II not in hospital, give street address) S RESIDEN E d. STREET ADDRESS 4215 Rainier Avenue Rainier Avenue YES NO THE retai NAME OF First DATE Middle Lost Year DECEASED (Type or print) DEATH 26 19 57 Matilda Newvahr Eleanor August 6 COLOR OR RACE 7 MARRIED T NEVER MARRIED B. DATE OF BIRTH 5. SEX FUNDER TYEAR IF UNDER 74 HES 9 AGE In years fact birthday) Months Hours Days WIDOWED | DIVORCED [ Famale 100 USUAL OCCUPAT ON IGIVE kind of work done 106 KIND OF BUS NESS OR INDUSTRY 11 BIRTHPLACE (State or foreign country) Page: 12. CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) Housewife New York 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME James Gelabort Mary Elizabeth Potter 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16 SOCIAL SECURITY NO 17. INFORMANT (If yes, give war or dates of service) F.R.Flick. Jr. 660h Alleghanev Ave. Takoma.Pk. 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c). ] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: Coronary thrombosis IMMEDIATE CAUSE (a) 430.1 DHE TO Conditions, I any, which Cardiovascular renal disease gave rise to immediate cause DUE TO (a), stating the underlying couse lost. PART II. OTHER SIGNIFICANT CONDITIONS CONTR BUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDIT ON GIVEN IN PART HOLDS. WAS AUTOPSY PERFORMED? NO 20a. EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING 706 DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Fart 1 or Fart 11 of item 18.) CAUSE OF DEATH. 20d. INJURY OCCURRED | 20e PLACE OF INJURY (Home, form, 120f. (City or town) 20c. TIME OF INJURY Month, Day, Year (County) (State) factory, street, office bldg., etc.) Hour a.m. While Not while at work at wark p. m. 21 I certify that I took charge of the remains described above, held on Autopsy 17. Inspection 17. Inquiry 17. apinion death resulted fram: Natural causes 🔂 Accident 🗋, Suicide 🗍, Hamicide 🗍, Undetermined manner PE SE DATE SIGNED ACTUAL CHIEF MEDICAL EXAMINER [ SIGNATURE ASSISTANT MEDICAL EXAMINER **EXAMINER'S** DEPUTY MEDICAL EXAMINER NAME (Type) August 28, 1957 John T. Maloney. M.D. 22c NAME OF CEMETERY OR CERCOCOGES 220. BUR AL CREMATION 226 DATE THEREOF 22d LOCATION (City, fewn, or county) 8/29/57 Arlington National Arlington Va ADDRESS. 23. FUNERAL DIRECTOR'S SIGNATURE 246 REGISTRAR'S SIGNATURE 24a REC'D BY REGISTRAR F. Gasch's A&L 7/57

BUREAU V. E.

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DEPUTY MEDICAL EXAMINER: This certificate shauld be executed within 24 hours after death. If any delay III necessary, please executed	the Syrificate, writing the ward 'pending' in pencil in Item 18. Give Pages 1, 2, and 3 to the funeral famour. Page 4 should be		TOTRECTOR: Page 3 shauld be used as a burial-transit permit. File pages 1 and 2-with, the registrar	,
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#### MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

08814

08824 Reg. Dist. No. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If Institutions Residence before admission) o. COUNTY b. COUNTY O. STATE Md. Prince Georges Prince Georges MARYLAND b. CITY OR TOWN III outside corporate limits, write RUPAL c. LENGTH OF STAY IN 1b c. CITY OR TOWN [If outside corporate limits, write RURAL and give nearest lown) and give negres! lown Columbia Park Columbia Park l vear d NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d STREET ADDRESS e. IS RESIDENCE ON A FARM? Maryland Boulevard Maryland Boulevard YES | NO. 1 3 NAME OF Middle 4. DATE Day DECEASED Nicholson 57 (Type or print) Roy Lee DEATH August 5. SEX 6. COLOR OR RACE 7 MARRIED NEVER MARRIED 18. DATE OF BIRTH 9. AGE (In years IF UNDER TYPAR IF UNDER 24 HRS Aug. 18, 1911 Months Days Hours Male White DIVORCED WIDOWED [7] YES. 10d USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stote or foreign country) 12. CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) U.S.A. Canstruction Virginia Carpenter 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Leona Blanch Rickard John Robert Nicholson 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address No. William R. Nicholson, Riverdale, Maryland 18. CAUSE OF DEATH [Enter only one cause per line for (o), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: Hemorrhage and shock IMMEDIATE CAUSE (o) **DUE TO** Gunshot wound of head Conditions, if ony, which) gove rise to immediate couse **DUE TO** (o), stating the underlying couse lost. PART II. OTHER SIGNIFICANT CONDITIONS CONTR BUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? NO [ 20o. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURRED (Enter noture of injury in Port I or Port II of item 18) PRIMARY OF OF CONTRIBUTING AUSE OF DEATH. Self inflicted automatic pistol wound of head. Month, Day, Year 20d, INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, 120f. (City or fown) 20c. TIME OF INJURY (County) (Slote) foctory, street, office bldg , etc.) While Not while of work Fields Columbia Park. Pr. Geo. Md. 21. I certify that I taak charge of the remains described above, held an Autopsy K., Inspection A., Inquiry death resulted fram: Natural couses . Accident . Suicide Hamicide | , Undetermined cause | DATE SIGNED ACTUAL CHIEF MEDICAL EXAMINER SIGNATURE ASSISTANT MEDICAL EXAMINER **EXAMINER'S** John T. Maloney, M.D. August 3, 1957 DEPUTY MEDICAL EXAMINER NAME (Type) 220. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (Cily, lown, or county) (Slote) REMOVAL (Specify) Preddy's Funeral Home 8/3/57 Gordensville **ADDRESS** 23. FUNERAL DIRECTOR'S SIGNATURE 24g, REC'D BY REGISTRAR 246. REGISTRAR'S SIGNATURE F. Gasch's Sons Hyattsville, Maryland

VS. A15ME(5) 5M 9/55

BUREAU V. S.

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08815 08791 CERTIFICATE OF DEATH Rea, Dist. No. PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) · COUNTY O STATEMARYLAND PRINCE GEORGES **b.** COUNTY PRINCE GEORGES MARYLAND b CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) RURAL and give nearest town) 30 dava HYATTSVI LLE d. NAME OF HOSPITAL (If not in hospital, give street address) d STREET ADDRESS e. 15 RESIDENCE PRINCE GEORGES GENERAL HOSPITAL ON A FARM 2219 SHERIDAN ST. YES NO 3. NAME OF First 4. DATE Middle Last Month Year DECEASED OF 57 MOLTE AUGUST BERTHA (Type or print) DEATH 5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 9. AGE (In years lost highhou) B. DATE OF BIRTH IF UNDER 1 YEAR IF UNDER 24 HRS. Months Days Hours FEMALE WHITE 7-16-80 WIDOWED T DIVORCED [ 10g. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11, BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) HOME YOUSE OVINGTON 13. FATHER'S NAME 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17 INFORMANT Address SOH. MR. ARTHUR CAUSE OF DEATH [Enter only one cause per line for (o), (b), and (c) ] INTERVAL BETWEEN ONSEL AND DEATH PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) CIRCULATORY CARDIAC COLLAPSE **DUE TO** JAUNDICE DUE TO EXTRA HEPATIC OBSTRUCTION MONTH Conditions, if any, which (b) gove rise to immediate DUE TO CARCINOMA - HEAD OF THE PANCREAS cause (a), stating the underlying couse lost PART 11. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1101 19. WAS AUTOPSY PERFORMED? YES NO T 20b. DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Part I or Part II of Item 18.) 200. ACCIDENT WAS UNDERLYING IT OR CONTRIBUTING CAUSE OF DEATH 20c. TIME OF INJURY Month, 20e PLACE OF INJURY (Home, form, 20d INJURY OCCURRED Day, Year 20f (City or town) (Stote) (County) Hour o. m foctory, street, office bldg., etc.) While Not while of work of work 7010 21. I certify that I attended the deceased from ....that I last saw the deceased 1057 alive an , and that death occurred at \_\_\_\_\_M, from the causes and an the date stated above ADDRESS (Street, city or town, state) ACTUAL SIGNATURE PHYSICIAN'S SCHWARTZBACH NAME (Type) 220 BURIAL CREMATION, 226, DATE THEREOF 22c NAME OF CEMETERY OF CREMATORY 22d. LOCATION (City, town or county (Slate) REMOVAL (Specify) 23. FUNERAL DIRECTOR'S SIGNATURE 240. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE EVELAND AVER

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

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VS A15 (4)

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#### MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

FOR STATE HEALTH DEPT.

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o. COUNTY	Prince Geor	T and the second		2 USUAL RESIDENCE	(Where deceased yland		re Geo.
b. CITY OR TOWN I		RURAL C. I	2 hours	1	(If outside corpore crest He:	eta limits, write RURAL (	and give neorest town)
	Foorges Gener		_	d STREET ADDRESS 5012	26th Ave	nue	e IS RESIDENCE ON A FARM? YES NO
3. NAME OF DECEASED (Type or print)	First Walt		Middle Benjamin	Norris	4 DATE OF DEATH	August	23 Year 57
M le		MARRIED WIDOWED	DIVORCED EL	12-3-06	9	AGE (In years leaf berthday)  Months	ER LYEAR IF UNDER 24 HR5 Days Hours Min.
	ION (Give kind of work doing life, even if refired)	one 10b, KIND	OF BUSINESS OR INDU	STRY 11, 8IRTHPLACE (SIO	gton, D.	_	U.S.A.
Will:	Lam E. Norri	CES? 16 SOCI	AL SECURITY NO 17	Agnes	Brown	Address	
Conditions, if gove rise to imm (o), storing the couse lost.  PARY II, O	ediate couse underlying DUE TO (c) THER SIGNIFICANT COND	Gu	morrhage ar	of head	MINAL DISEASE CO	ONDITION GIVEN IN P.	ONSET AND DEATH  ART 1(a) 19, WAS AUTOPSY PERFORMED?  YES NO
20c. TIME OF INJUNE 7.20 p.m. 21. I certify	Wenth, Day, Year 8-23-57	Self 1 20d INJUI While of work	Not while of work poins described of	tace of injury in Potential of injury in Potential of ice bldg., e  Home  Dove, held an Autop	rm, 20f (City or ic.) Hille	town) (0	
ACTUAL SIGNATURE_	ofm J. M	abone	4	M D CHIEF MEDICAL		3	DATE SIGNED
EXAMINER'S NAME (Type) 129 BURIAL, CREMATI REMOVAL (Specif	18-21-1	Malone 737	M.D. RAME OF CEMETERY C	DEPUTY MEDICA DR CREMATORY		August N (City, town, or county	Co- And

What was a series of

AUG 26 1957

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Hyattsville, Maryland

DATE

Gasch's Sons

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

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08793 CERTIFICATE OF DEATH

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1	PLACE OF DEATH o. COUNTY		2 USUAL RESIDENCE (Who	re deceased lived. If institutions fee	idence before admission)
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	b. CITY OR TOWN (If outside corporate limits, write) c. RURAL and give nearest town)	LENGTH OF STAY IN 15		Iside corporate fimits, write RURAL (	and give nearest town)
-	d NAME OF HOSPITAL (If not in hospital, give street addr	ress) f	XO SYCO	rdywine_	e. IS RESIDENCE
_	OR INSTITUTION CTEORGES G	En. Fosa	Jo. STALET FIDENCIST		ON A FARM? YES NO
3.	NAME OF DECEASED	Middle	Lest	4. DATE Month	Day Yeor
	(Type or print) SAMES	E .	troctor	DEATH Stug.	12 195
5.	SEX 6. COLOR OR RACE 7 MARRIED	7	8 DATE OF BIRTH	9. AGE (In years 15/0) last birthday) /More	he Doys Hours Min.
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10	b. USUAL OCCUPATION (Give kind of work done 10b KINI during most of working life, even if retired)	D OF BUSINESS OR INDU	STRY 11 PRTHPLACE (Stole of	r foreign country) 12.	CITIZEN OF WHAT COUNTRY
1	FATHER'S NAME	6.1.J1	1/1/0		4.7.1
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(1)	in no or (otherwis)   [If yet, give wor or dates of service)	TAL SCOKIIT NO. 17. 1	THE P	Address Race	1 11/1
=	TIP CAUSE OF DEATH IS 1	(1) (1) (1)	111/63 1- 17	cuer pidno	ylling IVId
	1B CAUSE OF DEATH [Enter only one couse per line to PART 1. DEATH WAS CAUSED BY:	(b), and (c)-]	Wal Hal	1. 60-1	ONSET AND DEATH
	IMMEDIATE CAUSE (a)	Jon CV	ua IIV.	winones	/
	Conditions, if any, which gave rise to immediate (b)				
	couse (a), stating the under-				
Ţ	Part II. OTHER SIGNIFICANT CONDITIONS CONT	TRIBUT NG TO DEATH BUT	NOT RELATED TO THE TERMIN	AL DISEASE CONDITION CIVEN IN	DART VILL 10 WAS AUTORY
ATIO	The to office storing continues cont	IKAGI NO IO BENIH BOI	NOT KEENTED TO THE TERMIN	WE DISEASE COMPILION GIATH IN	PERFORMED?
FF	200 ACCIDENT WAS UNDERLYING [7] 206, DESCRIBE	E HOW INJURY OCCURRE	D. (Enter nature of injury in Pa	rt I or Port II of item 18 )	YES NO
CERTIF	200 ACCIDENT WAS UNDERLYING 206. DESCRIBE OR CONTRIBUTING 2 CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)		The state of the s		
		Y OCCURRED 20e. PL	ACE OF INJURY (Home, form,	20f (City or town)	(County) (State)
MEDICAL	Hour a. m. While at work	Not while for	tory, street, office bldg., etc.)		10000
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	21. I certify that I attended the deceased I		7. 19.5-1. 10	. / "1 1	t I last saw the decease
	alive on 8 / 2 , 19 3	and that death	. 1/	M, fram the causes and a DDRESS (Street, city or town, state)	n the date stated above DATE SIGNE
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	SIGNATURE	1 Urace	M.D		
	PHYSICIAN'S NAME (Type)				
22		C. NAME OF CEMETERY O	R CREMATORY To	2d, LOCATION (City town, or coun	Later Committee
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TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the dmith certificate be elecuted within 24 hours after diath. Page 4 may be grained by the haspital or attending physician.

TO FUNE DIRECTOR: After this certificate has been signed by the attending physician and campletely filled the funeral director page 3 tasaild be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 in should be filled with the registrar prior to burial, cremation, an remayal, and in any event within 72 hours after death.

VS A15 (4) 15M 9/55



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**CERTIFICATE OF DEATH** 

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1. PLACE OF DEATH o. COUNTY		2. USUAL RESIDENCE (Who o. STATE		If institutions Residen	ce before admission)
Prince Georges	MARYLAND	Marylan	d	Prince	Georges
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)	C. LENGTH OF STAY IN 16	c. CITY OR TOWN (If or	utside corporate lin	nils, write RURAL and	give nearest tawn)
Cheverly Md.	2 days	X2 Laharm	Md.		
d. NAME OF HOSPITAL (If not in haspital, give stree OR INSTITUTION	) oddress)	d. STREET ADDRESS			IS RESIDENCE     ON A FARM?
Prince George General	Hospital	Pregley	Road		YES NO
3. NAME OF First	Middle	Lest	4. DATE OF	Month	Day Year
(Type or print) Laura	C	Rico	DEATH	Aug	12 19 57
5. SEX 6. COLOR OR RACE 7. MAI	RRIED NEVER MARRIED	B DATE OF BIRTH	9. AG		1 YEAR IF UNDER 24 HRS
Female White Wildow	4467	2 July 1872	85	pirthdoy) Months	Doys Hours Min.
10a. USUAL OCCUPATION (Give kind of work done 10b during most of working life, even if retired)	KIND OF BUSINESS OR INDUS			12. CIT	IZEN OF WHAT COUNTRY
None		Virginia	l.		USA
13. FATHER'S NAME		14 MOTHER'S MAIDEN N			
William Henry Ca	mpbell	Mary	Laley		
15 WAS DECEASED EVER IN U. S. ARMED FORCES? 16 (Yas. no or unknown) [18 yes, give wor or dates of service]		IFORMANT		Address	
no	none Ha	ry E Fitzger	lad l	Lanham Md.	
18. CAUSE OF DEATH [Enter only one cause per	line for (o) (b), and (c) ]	1 -+	1.		INTERVAL BETWEEN
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (c)	orebro uzacu	Var I hos	noses		ONSET AND DEATH
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Conditions, if any, which ) (b)	ereund, un	enosa len	Large		
gove rise to immediate Couse (a), stating the under-					
lying couse lost. (c)					
	CONTRIBUTING TO DEATH BUT I	NOT HELATED TO THE TERMIN	NAL DISPASE CON	DITION GIVEN IN PAR	T I(a) IP WAS AUTOPSY
(3) anterior	cleration (2	rawascula	W HUS	eare	PERFORMED?
PART II. OTHER SIGNIFICANT CONDITIONS  200 ACCIDENT WAS UNDERLYING  OR CONTRIBUTING  CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	SCRIBE HOW INJURY OCCURRED	. (Enter nature of injury in P	art I ar Port II of i	tem 18.)	
3 20c. TIME OF INJURY Month, Day, Year 20d.	INJURY OCCURRED 200 PLA	CE OF INJURY (Home, form,	20f. (City or tow	(n) (0	County) (State)
20c. TIME OF INJURY Month, Day, Year 20d. Haur a. m. p. m. 19 of we	e Not while foct	tory, street, office bldg , etc.			
21. I certify that I attended the decea	1 -	1057-1	40.11	10.50	lest court to the
alive on aug //		1957 to W	A /	/	last saw the decease
4.70	and their death	occurred at 5,20A	_JM, fram the ADDRESS (Street, ci		he date stated abay
ACTUAL 11/1 Rain 0	osson MIT	5304	Permana	lis P	e D
W.	N N	Do o	1		0 0
PHYSICIAN'S Dr. William D	Rosson	Deadous	sura,	Mady	and
270 BURIAL CREMATION, 275 DATE THEREOF	22c. NAME OF CEMETERY OR	CREMATORY	228 LOCATION (	City, town, ar (county)	(Stole)
Transportation 8/13/57	Amherst		Virgin.	ia	
23. FUNERAL DIRECTOR'S SIGNATURE	ADDRESS	240 REC'S	BY REGISTRAR	245 REGISTRAR'S SI	SNATURE
F. Gasch's Sone Hya	tterrille Md	DATE A	uc 15 '57	1000 0	

the funeral director, should be filed with TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours after death. Page 4 may be crained by the hospital or attending physicion.

TO FUNE

DIRECTOR: After this certificate has been signed by the attending physicion and completely filled page 3 mould be detached for use as the buriol-transit permit. Then please remove carbon papers. Pages 1 the registror prior to buriol, cremation, or remayol, and in any event within 72 hours placeded.

## DECENTED SEC

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HOSPITAL

BUREAU V. S.

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FOR STAT HEALTH DE

Burial

23 FUNERAL DIRECTOR 5 SIGNATURE

F. Gasch's Sons

8/14/57

### MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

Reliance Virginia

246. REGIDTRAR'S SIGNATURE

240. REC'D BY REGISTRAR

DATE AUG 15 '57

PLACE OF DEATH	96 ME			1	2 USUAL RESIDENCE	Where deceos		institution. Res		
o. COUNTY Pri	nce George	8	A	MARYLAND	o STATE Ma	ryland	b. C	OUNTY Pr	ince	George
	Foutside carporate limits, write	#JRAL	c. LENGTH OF	STAY IN 16	c. CITY OR TOWN (	If outside corp	orole limits.	, write RURAL (	and give nec	arest town)
Chever	D D D D		Do A		Carmo	dy Hil	ls. N	id.		
d. NAME OF HOSPI	TAL OR INSTITUTION (II	f not in hosp	oito), give street a	ddress)	d. STREET ADDRESS				T	. IS RE 'D TH
Prince	George's	G eneri	al Hospi	tal	513 7	3 Stre	et,.			AEZ U HOS
NAME OF DECEASED (Type or print)	Metta		Helen	Roger	lost	4 DATE OF DEATH	hander authorizan dan Hillia	Month August	Doy 10,	Yeor 19 57
SEX	6 COLOR OR RACE	7. MARRIET	DEVER MA	RRIED B	DATE OF BIRTH		9 AGE (In y	A State of the later of the lat	-	F UNDER 24 H
female	white	WIDOWED	D VOR	CED 🔲	Nov 8, 1	902	54	yrı Monthi	Doys	Hours Min
USLAL OCCUPAT	ON (G ve kind of work of	done 10b KI	IND OF BUSINESS	OR INDUSTR	RY 11. BIRTHPLACE (STOP	e or foreign co	ountry)	12. 0	ITIZEN OF	WHAT COUNT
Seamstre	ng life, even if retired) SS A E		ettering	Co.	Virgin	ia			USA	
. FATHER'S NAME					14. MOTHER'S MAIDEN					
(	Charles Ste	ele			Linda Car	penter				
WAS DECEASED E	VER IN U. S ARMED FOR	RCES? 116 S	OCIAL SECURITY	NO TIZ IN	FORMANT				-	
es, no, er unknows)	If yes, give war or dates of a									
		10,000			rry L. Roge	rs Ca		ddrens z Hills	. Mar	vland.
	no.			Hai	rry L. Roge	rs Ca		, Hills	,	•
	NO		or (o), (b), and (c	Hai	rry L. Roge	ers Ca			INTERV	yland.
PART I. DEA	TH WAS CAUSED BY:	rse per line fo	or (o), (b), and (c	Hai	rry L. Roge	ers Ca			INTERV	AL ELTWON
	TH WAS CAUSED BY:	rse per line fo		Hai	rry L. Roge	ers Ca			INTERV	AL ELTWON
PART I. DEA	ATH WAS CAUSED BY: IMMEDIATE CAUSE (o) DUE TO Ony, which (b)	se per line fo	Shock	∫Haı ) j	rry L. Roge				INTERV	AL ELTWON
PART I. DEA  LJ LJ J X  Conditions, if a gove rise to imme	TH WAS CAUSED BY: IMMEDIATE CAUSE (o) DUE TO DOTY, which diote couse	se per line fo	Shock	∫Haı ) j					INTERV	AL ELTWON
PART I. DEA	TH WAS CAUSED BY: IMMEDIATE CAUSE (o) DUE TO DOTY, which diote couse	se per line fo	Shock	∫Haı ) j					INTERV	AL ELTWON
PART I. DEA  LI LI 2 X  Conditions, if a gove rise to imme (a), stoling the couse last.	ATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO DONY, which didote couse underlying (c)	se per line fo	Shock Cardiova	Har		0280	rmody	Hills	INTERVIONSET	SE EETWENN
PART I. DEA  LJ LJ A  Conditions, if a gove rise to imme (a), stoling the couse last.  PART II, OT  20a. EXTERNAL CA  PRIMARY Der CO CAUSE OF DEATH.	ATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO DOTY, which diote couse underlying UNE TO (c). HER SIGNIFICANT CONC UNSE WAS NATRIBUTING	DITIONS COR	Shock Cardiova	Han BUT N	renal dis	<b>WIN</b> AL DISEASE	rmody	Mills	INTERVIONSET	WAS AUTOPS PERFORMED?
PART I. DEA  LJ LJ A X  Conditions. If a gove rise to imme (a), stoling the couse last.  PART II, OT  20a. EXTERNAL CA PRIMARY   or CO CAUSE OF DEATH.	ATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO DOTY, which adiote couse underlying USE TO HER SIGNIFICANT CONE USE WAS NITRIBUTING [] ONLY Month, Doy, Yeo	DITIONS COL	Shock Cardiova HOW INJURY OF THE PROPERTY OF T	DEATH BUT NO COURRED. (Er	renal dis	WINAL DISEASE on I or Port III	CONDITIO	Hills	INTERVIONSET	WAS AUTOPS PERFORMED?
PART I. DEA  LJ LJ J X  Conditions, if a gove rise to imme (a), stoling the couse last.  PART II, OT  20a. EXTERNAL CA PRIMARY   a o C C AUSE OF DEATH.  20c. TIME OF INJUMENT a. m. p. m.	ATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO DOINY, which adiote couse underlying DUE TO (c) HER SIGNIFICANT CONE  USE WAS ONTRIBUTING []  ORY Month, Doy, Yeo	DITIONS CON  DESCRIBE  20d, IN  While of work	Shock  Cardiova  MIRIBUTING TO E  HOW INJURY OF	DEATH BUT NO COURRED. (Er focto	OT RELATED TO THE TERM	m. 20f. (City	condition of item 18.)	Mills	ART 1(a) 19. YE	WAS AUTOPS PERFORMED?  S NO
Conditions, if a gove rise to imme (a), stoting the couse last.  PART II, OT  PART II, OT  20a, EXTERNAL CA PRIMARY   or CO CAUSE OF DEATH.  20c. TIME OF INJU- Hour a, m., p. m.  21. I certify t	ATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO DOTY, which diote couse underlying HER SIGNIFICANT CONC USE WAS NATRIBUTING   201 PRY Month, Day, Yeo 19 that I took charge	DITIONS CON  DESCRIBE  20d. In While of work	Shock Cardiova  MIRIBUTING TO E  HOW INJURY OF  NULRY OCCURRENT  At of work    emains descri	DEATH BUT NO CCURRED. (Er fecto	OT RELATED TO THE TERM	m. 20f. (City	condition of item 18.)	Hills	ART 1(a) 19. YE	WAS AUTOPS PERFORMED?  S NO
PART I. DEA  LJ LJ A  Conditions. If a gove rise to imma (a), stolling the couse lost.  PART II, OT  PART II, OT  200. EXTERNAL CA PRIMARY   Or CO CAUSE OF DEATH.  200. TIME OF INJU- Hour a, m. p. m.  21. I certify topinion death	ATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO DOTY, which diote couse underlying HER SIGNIFICANT CONC USE WAS NATRIBUTING   201 PRY Month, Day, Yeo 19 that I took charge	DITIONS CON  DESCRIBE  20d. In While of work	Shock Cardiova  MIRIBUTING TO E  HOW INJURY OF  NULRY OCCURRENT  At of work    emains descri	DEATH BUT NO CCURRED. (Er fecto	or RELATED TO THE TERA	m. 20f. (City sy , In	condition of item 18.)	Hills	ART 1(a) 19. YE  County)  Improve the second of the second	WAS AUTOPS PERFORMED?  S NO
PART I. DEA  Li Li Li Li Conditions, if coverse to imme (a), stoting the coverse last.  PART II, OT  20a. EXTERNAL CA PRIMARY or CO CAUSE OF DEATH.  20c. TIME OF INJU- Hour a, m. p. m.  21. I certify topinion death	ATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO DOTY, which diote couse underlying HER SIGNIFICANT CONC USE WAS NATRIBUTING   201 PRY Month, Day, Yeo 19 that I took charge	DITIONS CON  DESCRIBE  20d. In While of work	Shock Cardiova  MIRIBUTING TO E  HOW INJURY OF  NULRY OCCURRENT  At of work    emains descri	DEATH BUT NO CCURRED. (Er fecto	or RELATED TO THE TERM  of roture of injury in Portion of the control of injury in Portion of the control of th	m. 20f. (City sy, In Hamicide	condition of item 10.) or town) spection Un	Hills	ART 1(a) 19. YE  County)  Improve the second of the second	WAS AUTOPS PERFORMED? S NO

Relaance Cemetery

ADDRESS

Hyattsville Md.

4 should TO FUNERAL VS. ATOME 5M 2/57

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DEPUT

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MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If any delay is necessary, please a marrificate, mriting the word "pumbing" in pencil in Item, 18. Give Pages 1, 2, and 3 to the further director. Page forwarded to the Chief Medical Inaminer's Office along with farm PM3. Page 5 may be retained your files.

Libiation of page 3 should be used as a burial-transit permit. File pages 1 and 2 with the Slate Board of Health, gnoted agent, prior to burial, cremation, or removal, and in any event within 72 hours after death.

BUREAU V. S.

CERTIFICATE OF DEATH

		087	97	CERT	IFIC.	ATE OF E	DEATH	1		Reg.	Dist. No.		O	
1	PLACE OF DEATH  o. COUNTY  Prince	leorges		MAR	YLAND	2 USUAL RESI		era deceasa	d lived. If inst b. COUI		lence befa	re <b>od</b> mis	Hon)	
	b. CITY OR TOWN (IF	CITY OR TOWN (If outside Corporate limits, write RURAL and give nearest lawn)			Y IN 1b	c. CITY OR TOWN (If outside corporate limits, write RURAL and					d give ned	give nearest town)		
-	d. NAME OF HOSPITAL (If not in haspital, give street address) OR INSTITUTION				d. STREET ADDRESS					e. IS RESIDENCE ON A FARM?				
L	Prince Corres General					912 Barnabeo St.							NO [	
3.	NAME OF DECEASED (Type or print)	Fin		Middi	ė	Russ	at	4. DATE OF DEATH		Manth	Do	у	Year	
S	SEX	6. COLOR OR RACE	7. MARRIE	ED NEVER MARR	IED 🔲	B. DATE OF BIRT	H	4	9. AGE (In Va	ars IF UND	ERTYEAR		ER 24 HRS	
L	Female	White	WIDOWED			July		09	48	yrs Months	Days	Hours	Min.	
)Ŀ	Honsewyou	N (Give kind of work on life, even if retired)	A.	U.S.	POUX	Pu	ttel	illet	Mas	112. 6	CITIZEN C	S.	COUNTRY	
13	FATHER'S NAME  Kimbel 14 MOTHER'S MAIDEN NAME  Unknown													
15	WAS DECEASED EVER	IN U. S. ARMED FOR	CES? 16 S	OCIAL SECURITY NO	0 17 1 W	alter E	Pu	sselt	S7.9	Address 13	arr	rel	1784	
F	18 CAUSE OF DEAT	TH [Enter only one ca	use per line	for (a), (b), and (c)	]	11.			7		INT	RVAL BE	TWEEN	
	PART I. DEAT	H WAS CAUSED BY- IMMEDIATE CAUSE (o)	L	Cinton	w of	1 per	1				UNS	ET AND	DEATH	
	/ · · /	DUE TO		1										
	Conditions, if an	mediate (												
	lying couse last.	he under-												
CERTIFICATION	PART II. OTH	ER SIGNIFICANT CON		ONTRIBUTING TO DE	EATH BUT	NOT RELATED TO	THE TERMI	NAL DISEAS	E CONDITION	GIVEN IN P	ART 1(o) 1	PERFC	AUTOPSY ORMED?	
	200 ACCIDENT WAS UNDERLYING   206. DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Part I or Part II of item 18.)  OR CONTRIBUTING   CAUSE OF DEATH  (IF EITHER, NOTIFY MEDICAL EXAMINER)													
MEDICAL	20c. TIME OF INJURY Hour a. m. p. m.	Month, Day, Yea	while	Nat while	20e. PL	ACE OF INJURY (I clory, street, office	Home, form, a bldg., etc.	20f (Cit)	or town)		(Caunty)		(State)	
	21. I certify that A attended the deceased from July 1. 1927, to \$1/3/37, 19 that I last saw the deceased													
	alive an 5/13/17, 19, and that death accurred at 9:00P M, from the causes and on the date stated above.													
	ACTUAL SIGNATURE W.C. Wewlsaul M.D. 30 C. Aug ld 8/1/3													
	PHYSICIAN'S W. C. Weintraus greater, nd													
27	BURIAL, CREMATION PREMOVAL (Specify)	Cuq 17,1	957	Washin	ater o	Hatier	rel	ne ibea	illan	n, ar county	Jany.	listot	2	
23	W.W. Es	BIGHATURE	60.	Washin	gton	1,10,0,	240. REC'E	2 0 '57	P 12	EGISTRAR'S	SIGNATUR	E		

BUREAU V.

7861 0S 9U.

DEALERA

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 **CERTIFICATE OF DEATH** 08826Rea. Dist. No. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived If institution: Residence before admission) o. COUNTY Prince Georges COUNTY MARYLAND Marvland Pr. Geo!s b. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 16 c. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) RURAL and give negrest town)
Mitchellvill Mitchellville Vrs. d. NAME OF HOSPITAL (If not in hospital, give street address)
OR INSTITUTION
Defense Highway d. STREET ADDRESS IS RESIDENCE Defense Highway YES X NO NAME OF Middle 4. DATE (Type or print) DEATH August 16. 1957 5 SEX 9. AGE (In years lost birthday)
73 KXXyrs. IF UNDER 1 YEAR IF UNDER 24 HRS 7. MARRIED NEVER MARRIED Female White WIDOWED 1 DIVORCED [ June 5. 1884 10a. USUAL OCCUPATION (Give kind of work done) 10b. KIND OF BUSINESS OR INDUSTRY 11, BIRTHPLACE (Stole or foreign country) 12. CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) Housewife Own Home Pennsylvania U. S. A. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Charles John Kolhe Catherine Manbeck 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO 17. INFORMANT Box 107. Address Miss Catherine M. Simpson- Mitchellville, No 18. CAUSE OF DEATH [Enter only one couse per line for (a), (b), and (c). INTERVAL BETWEEN PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) DUE TO Conditions, if ony, which gave rise to immediate **DUE TO** couse (o), stoting the underlying couse last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19, WAS AUTOPS Y PERFORMED? YES NO ID 200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Part 1 or Part II of item 18.) 20c. TIME OF INJURY Month, 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, 20f (City or town) (County) (Stote) factory, street, office bldg., etc.) While Not while at work at work 21. I certify that I attended the deceased from Ahat I last saw the deceased and that death occurred at M, from the causes and on the date stated above. ACTUAL SIGNATURE PHYSICIAN'S NAME (Type) 220. BURIAL CREMATION. 22b. DATE THEREO! 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION [City, lown, or county) (State) REMOVAL (Specify) Buria Ft. Lincoln Cemetery Bladensburg. Maryland 23. FUNERAL DIRECTOR'S SIGNATURE **ADDRESS** 24a, REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE Ritchie Bros. Upper Marlboro, Md.

BUREAU V. E.

AUG 88 1957

MECENAED

7			MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18	08825
			08827 CERTIFICATE OF DEATH	p. Dist. No.
director,		1	PLACE OF DEATH  G. COUNTY PRINCE GEORGES MARYLAND  2 USUAL RESIDENCE (Where declared lived If institution Real of STATE NARY LANCE b. COUNTY I	vidence before admission)
funeral		4	b CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 1b C. CITY OR TOWN (If outside corporate limits, write RURAL RURAL OVRS N. BRENTWEEL 1048	and give nearest town)
he he	wells and		d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION  d. STREET ADDRESS 3932 4//, SON	6. IS RESIDENCE ON A FARM? YES NO
n 24 na filled in ges 1 ar			NAME OF DECEASED (Type or print) Lillian Vernice Smith DEATH ALLO -	- 8 1957
pletely preserved			F WIDOWED DIVORCED DEpt. 3, 1891 GS yrs. Mon	
ite be executed viden and cample carbon popers. offer death.	1	1	House Nee ber ONNHome Washington, DS	CITIZEN OF WHAT COUNTRY/
physician c pmove carb hours offei		L	FATHER'S NAME  14. MOTHER'S MAIDEN NAME  15. MOTHER'S MAIDEN NAME  16. MOTHER'S MAIDEN NAME  16. MOTHER'S MAIDEN NAME  17. MOTHER'S MAIDEN NAME  17. MOTHER'S MAIDEN NAME  18. MOTHER'S MAIDEN NAME  18. MOTHER'S MAIDEN NAME  19. MOTHER'S MOTHER'S MAIDEN NAME  19. MOTHER'S MOTHER'S MOTHER'S MAIDEN NAME  19. MOTHER'S MOTHER'S MOTHER	
	,		WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO 17. INFORMANT MISSEULFI PollARY N.B.	RENTWOOD MA
he death or s attending en please r at within 72		Г	18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]  PART I. DEATH WAS CAUSED BY  IMMEDIATE CAUSE (a)	ONSET AND DEATH
d by the			Conditions, if any, which gave rise to immediate (b) Chronic Nephritis	11-1952
require ian. in signe nsit per and in		,	lying couse last. Co. Nyocarditis	2-1956
The Tow physic has bee rrial-tra moval,	)	CATION	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN	PART I(o) 19. WAS AUTOPSY PERFORMED? YES NO
CIAN: Itending tificate s the be		CAL CERTI	20b. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFF MEDICAL EXAMINER)  20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e, PLACE OF INJURY (Home, form, 20f. (City or town)	
this certain or or use		MEDIC		(County) (State)
ENDING he haspi R: After ached fo			alive on ALLY. 5, and that death occurred at 10:10 p.M. from the causes and o	at I last saw the deceased on the date stated above.
ed by the RECTO be det	/		ACTUAL SIGNATURE ST. Speller M.D. 4506 R. J. Aug. P. P. L.	tween 8/9/57
PITAL C	,		PHYSICIAN'S W. W. SPILLER M.D. 4 6 15 1	4.0.
Moy b		L	BURIAL, CREMATION, 226. DATE THEREOF 220, NAME OF CEMETERY OR CREMATORY 22d OCATION ICID, TOWN, OF COUNTY SEMOVAL (Specify) 8-12-57 ARMONY NASHING	TON, D.C.
VS A15 (4) 15M 9/55		23.	JOHN T. RHANES + CO-	'S SIGNATURE
			BY - ROBERT L. PL VIN MER	

CSGI SI DIN

Reg. Dist. No.

y the funeral director, and 2 should be filled with may prighted by the hospital or attending physicion.

DIRECTOR: After this certificate has been signed by the attending physician and completed by the attending physician and completed page. should be detached for use as the burial-transit permit. Then please remove corbon pagers. the registrar prior to burial, cremotion, or remaval, and in any event within 72 hours after death. TO FUR VS A1S [4] 15M 9/5S

PLACE OF DEATH

TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours after death. Page

	France Good Cold	MARYLAND	_ attyl	athu	B. COUNTY	ISHOU WA	125c3
	b CITY OR TOWN (If outside corporale limits, write RURAL and give nearest lown)	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (IF or	utside corporate	mits, write RUR	At and give neare	it town)
	College of the colleg	. 7 Day C	m. 1 5	ا أداره و	6 7 -1	3 00 0	
	d. NAME OF HOSPITAL (If not in hospital, give street o		d. STREET ADDRESS			e.	IS RESIDENCE
31	OR INSTITUTION		VES ☐ NO ☐				
3.	NAME OF First	Middle	Last	4. DATE OF	Month	Day	Year
	(Type or print) L LS L POU	L' L' Y		DEATH	.uount	20	19-7
5.	THE REAL PROPERTY OF THE PERTY	ED NEVER MARRIED	8. DATE OF BIRTH			UNDER I YEAR IF	
	. al. Jou widower		lierum l	/4/ 3	2 yrs	Months Doys	Hours Min
100	USUAL OCCUPATION (Give kind of work done 10b. K	IND OF BUSINESS OR INDUS	STRY 11. BIRTHPLACE (Stote of	or foreign country	/)	12. CITIZEN OF	WHAT COUNTRY?
	The A.	1.8. a.7	208-75	/lvinia		Unite	* 1
13.	FATHER'S NAME	,	14. MOTHER'S MAIDEN N	AME		1	
	Worry L. Steiner		Freda Hol	den			
15.	WAS DECEASED EVER IN U. S. ARMED FORCES? 16. S	OCIAL SECURITY NO. 17. 8	NFORMANT	* 34 .	Address	1 1	1 .
{Y-01	(if yes, give wor or dates of service)	1-1:-7'	- 11 1 22				` ,
	18. CAUSE OF DEATH [Enter only one couse per line			- (IT)	AL		
	PART I. DEATH WAS CAUSED BY:		1 1	1. 1. 5	1, 107		AND DEATH
	IMMEDIATE CAUSE (o)	Tour , indi,	1 1 2 4 0 B B 6 9	-01	1,,,,,,	ي در	. 1.,0
		eg on of head					
	Conditions, if ony, which (b)(b)						
	couse (o), stoling the under-						
	lying couse lost. (c)						
Ö	PART II OTHER SIGNIFICANT CONDITIONS CO	ONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMIN	NAL DISEASE CO	NDITION GIVEN	IN PART 1(0) 19.	WAS AUTOPSY PERFORMED?
3							ES NO
CERTIFICATION	200. ACCIDENT WAS UNDERLYING 20b DESCI	RIBE HOW INJURY OCCURRED	O. (Enter nature of injury in P	ort I or Port II of	item 18.)		
	(IF EITHER, NOTIFY MEDICAL EXAMINER) Unco	nfirmed, evido	mor thateothis	Jin 1	Minter 1	' micrile	arnad.
MEDICAL	30c. TIME OF INJURY Month, Day, Year 20d. IN.	JURY OCCURRED 20e. PL	ACE OF INJURY (Home, form,	20f. (City or to	own)	(County)	(State)
WED	1 Heur o. n. Aug. 30,57 While of work	Not while of two lands of two l	trory, street, office bldg., etc.	. n . r	· 15.	Prine .	
-	21. I certify that I attended the decease	16 : 12.0.	(	+	·		
	alive on <u>5 5 7 7 17 10 27 19 19 19 19 19 19 19 19 19 19 19 19 19 </u>	and that death					
	ACTUAL ON O	as M		LDDRESS (Street,		ite)	DATE SIGNED
	SIGNATURE	11. Illand	M.D. I'cl'to'	ii my		سار	
	PHYSICIAN'S	3 7 4					
	NAME (Type)	- dear a county	) / s. in, o				
220	BURIAL CREMATION, 22b. DATE THEREOF	22c. NAME OF CEMETERY OF	R CREMATORY	22d. LOCATION	(City, town, or c	county)	(State)
1	Jurial 1-3-57			Tyron		nsieho	nia
23.	FUNERAL DIRECTOR'S SIGNATURE	ADDRESS 517-11-26/4		BEREGISTRAR	24b. REGISTRA	AR'S SIGNATURE	
4	W. W. Chambers to.	517-11-39	DATE DATE	H 157	0/	~ /	
				-	VW is 2	A	

Regard P. M. Menes

BUREAU V. E.

2EP 5 1957



BUREAU V. S.

AUG SS 1967

VS A15ME 5M 2 57

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08828

MEDICAL EXAMINER'S CERTIFICATE OF DEATH 08799

	Reg. Dist. No.
PLACE OF DEATH	2 USUAL RESIDENCE (Where deceased lived If institution Residence before admission)
o. COUNTY Prince Georges MARYLAND	o. STATE Maryland b COUNTY Pr. Geo.
b. CITY OR TOWN (If outside corporate Limits, we se RURAL C LENGTH OF STAY IN 16	c. CITY OR TOWN (If outside carporate l'mits, write RURAL and give nearest town)
Cheverly  D.O.A.	x Chapel Oaks
d NAME OF HOSPITAL OR INSTITUTION (It not in hospital, give street oddress)	d STREET ADDRESS
Prince Georges General Hospital	5113 Nash Street
3. NAME OF First Middle DECEASED	Losi 4 DATE Month Doy Year
(Type or print) Mary Lou Steway	rt DEATH August 31 1957
5. SEX 6 COLOR OR RACE 7. MARRIED NEVER MARRIED B	DATE OF BIRTH 9. AGE (In years I I UNDER LYEAR IF UNDER 24 HRS
Female   Colored   WIDOWED   DIVORCED	7-1:-1892   Real builheley)   Months Days Hours Min.
10a USUAL OCCUPATION (Give kind of work done 10b KIND OF BUSINESS OR INDUST	
during most of working life, even if retired)	
NODE	Washington, D.C. U.S.A.
13. FATHER'S NAME	14 MOTHER'S MAIDEN NAME
Henry Clay Washington	Laura Glasses Green
15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. [74, no, or unknown]   18 year, give wer or dates of service)	NFORMANT Address
No.	Mary Brown; same address
18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).]	INTERVAL BETWEEN THEAD DIA TEMP
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (6) Cebebral Vascular	
33/X DUE TO	April 1987 and Avenue of the Control
Contribution to the Contribution of the Contri	
gave tite to immediate couse	Commence of the Commence of th
(a), stating the underlying DUE TO	
PART 1. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO BEATH BUT N	OT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN FART I(0) 19, WAS AUTOPSY PERFORMED?
Diabetes Mellitus; Arteriosclerotic he	
& IPRIMARY ELI OF CONTRIBUTING ELI I	nfer nature at injury in Port I or Port II of ilem 18 )
CAUSE OF DEATH.	
	CE OF INJURY (Home, form, i 20t. (City or town) (County) [5late]  rry, streel, office bldg., etc.)
Hour a.m. While Not while tock	t t
21. I certify that I took charge of the remains described abor-	ve, held an Autopsy []. Inspection 🖫, Inquiry 🚍 and in my
opinian death resulted fram: Natural causes 🔀, Accident [	
opinion death resolved name. National causes 21, Accident	, Suicide , Hamicide , Undetermined manner
ACTUAL CONTRACTOR	DATE SIGNED
SIGNATURE JUMP. Jaconey	TM D. CHIEF MEDICAL EXAMINER
EXAMINER'S	ASSISTANT MEDICAL EXAMINER
NAME (Type) John T. Maloney, M.D.	DEPUTY MEDICAL EXAMINER September 1, 1957
270. BURIAL, CREMATION, 226 DATE THEREOF 271. NAME OF CEMETERY OR REMOVAL (Specify)	CREMATORY 22d. LOCATION (City, lown, or county) (State)
Burial 9-5-57 Lincoln Memori	ial Cemetery Suitland Maryland
23 FUNERAL D RECTOR'S SIGNATURE ADDRESS	240. RECIDING REGISTRIGT 246 REGISTRAR'S SIGNATURE
John T. Rhines & Co. 901 3rd St. S. W.	

PREAD V. S.

2-1--

EAU V. A.

CECE DE 1225

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 088308829 CERTIFICATE OF DEATH Reg. Dist. No. 1 PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived If institution Residence before admission) a. COUNTY b/COUNTY MARYLAND b. CITY OR TOWN (If outside corporate/limits, write LENGTH OF STAY IN 16 c CITY OR TOWN (If gutside carporate limits, write RURAL and give negrest fown) RURAL and give nearest fown) d. NAME OF HOSPITAL (If not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE OR INSTITUTION YES I NO D NAME OF Middle 4. DAZ Month Day Yazar DECEASED OF ATH (Type or brint) ROS 100 5. SEX 6. COLOR OR RACE 7. MARRIED T NEVER MARRIED AGE (In years last birthday) IF UNDER I YEAR IF UNDER 24 HRS Months Days WIDOWED IZ DIVORCED | 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF, BUSINESS OR INDUSTRY pope 11. 8/ETHPLACE (State or foreign-country) 12. CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME IS. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO INFORMANT Address Iff yes, give wor or dates of service? 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO Canditions, if any, which gave rise to immediate DUE TO cause (a), stating the underlying cause fast, & MY PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES TO NOT 200. ACCIDENT WAS UNDERLYING OF CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) 20c. TIME OF INJURY Month. 20d INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, 20f (City or town) Day, Year (County) (State) factory, street, office bldg., etc.) Hour a. m. While Nat while at work at work D. m. 21. I certify that I attended the deceased from that I last saw the deceased alive an and that death accurred at 92 .M. from the causes and an the date stated above. ADDRESS (Street, city or town, state) ACTUAL SIGNATURE PHYSICIAN'S NAME (Town 22a. BURLAL, CREMATION, 22b DATE THEREO! 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) (State) REMOVAL (Specify) 0 23. FUNERAL DIRECTOR'S SIGNATURE **ADDRESS** 240. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE 15M 9/55

A WALL .

DE NESS

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 08749 **CERTIFICATE OF DEATH** Reg. Dist. No. H PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution, Residence before admission) a. COUNTY SMaryland Prince George's Pe b. COUNTY Prince George's MARYLAND b. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 16 c. CITY OR TOWN [If outside corporate limits, write RURAL and give nearest town] RURAL and give nearest town) Hyattsville Md. Hyattsville 33 years d. NAME OF HOSPITAL (If not in hospital, give street address)
OR INSTITUTION · d STREET ADDRESS e IS RESIDENCE ON A FARM? hours 4516 Burlington Road 4516 Burlington Road YES NO IX 3. NAME OF Middle 4. DATE Year DECEASED Bernard S Thomas August (Type or print) DEATH 6. COLOR OR RACE 7. MARRIED NEVER MARRIED B. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS lou birthday) Months Jan 27, 1874 DIVORCED | cacbon papers. male white WIDOWED | 10a USUAL OCCUPATION (Give kind of work done 10b KIND OF BUSINESS OR INDUSTRY 11 BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) USA Maryland Insurance agent 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Chepas M Thomas 15. WAS DECEASED EYER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO Address Mrs Lizzie M Thomas Hyattsville Md. 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c) ] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Carcinoma of the Prostate Gland 4 vears **DUE TO** Canditions, if any, which gave rise to Immediate **DUE TO** cause (a), stating the underlying couse last. CERTIFICATION PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19, WAS AUTOPS PERFORMED? None YES NO TK 200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Port II of item 18.) 20c. TIME OF INJURY Month, 20e. PLACE OF INJURY (Home, form, 20f. (City or town) Year 20d. INJURY OCCURRED (County) (Stote) factory, street, office bldg., etc.) Not while at work at work 19 53, to Aug. 12 19 57, that I last saw the deceased 21. I cortify that I attended the deceased from Aug. 1 \_\_\_\_, and that death occurred at 6.35A.M, from the causes and on the date stated above. clive on Aug. ACTUAL SIGNATURE PHYSICIAN'S CHARLES C. HAGEAGE 3308 Perry St . Mt. Rainier. Md. FUNER 22c. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, lown, or county) (State) REMOVAL (Specify) Mt Olivet Cemetery Frederick, Md. 0 23. FUNERAL DIRECTOR'S SIGNATURE 24g. REC'D BY REGISTRAR 1246- REGISTRAR'S SIGNATURE F. Gasch's Sons Hyattsville, Maryland.

57.

DECEINEL

## SECENTED SEC

BUREAU V.

## MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

8892	CERTIFICATE	OF DEATH
ODITZ		

08834

	08802	CERTIFIC	ATE OF DEATH	1	Reg. Dist. No.
T. PLACE OF DEATH PRINCE GO	orges	MARYLAND	2 USUAL RESIDENCE (WHO STATE	ere deceased lived. If institution b. COUNTY	Prince Georges
RURAL ond give r	<b>Y</b>	c. LENGTH OF STAY IN 16	t. Raini	utside corporate limits, write RU	RAL and give nearest lown)
d. NAME OF HOSPI OF INSTITUTION Prince G	TAL (If not in hospitol, give street corges Genera	oddress) 1 Hospital	4003-37tl	Street	IS RESIDENCE ON A FARM? YES NO
3 NAME OF DECEASED (Type or print)	Albert		Toogood	4. DATE Manth OF DEATH August	1 19 57
Male	White wipow		6/9/66	last birthdoy) 91 yrs.	FUNDER 1 YEAR IF UNDER 24 HRS Months Days Hours Min.
Retired	ON (Give kind of work done 10b. rking life, even if refired)	etrical	England		U.S.A.
Edward T	oogood		Rebecca Wit		
			miormani Mrs. Gertru		03-37th St. Rainier, Md.
	ATH [Enter only one couse per li ATH WAS CAUSED BY: IMMEDIATE CAUSE (o)	ne for (a) (b), and (b):]	only Es	loma	INTERVAL BETWEEN ONSET, AND DEATH
Conditions, if a		Neart	Parlun	)	1 month
lying cause lost.	the under- (c)	eneulize	d arterio	2 Clevisis	2 years
<u> </u>					N IN PART I(o) 19. WAS AUTOPSY PERFORMED? YES NO
O THE FITHER NOTIFY	G CAUSE OF DEATH	CRIBE HOW INJURY OCCURRI	ED (Enter nature of injury in f	'ori 1 ar Port (I of item 18 )	
ZOC. TIME OF INJU Hour a. m. p. m.	RY Month, Day, Year 20d II While of wor	Not white fo	LACE OF INJURY (Home, form octory, street, office bldg., etc		(County) (State)
21. I certify to	bat I attended the deceas		, 19.50, 10 0 h occurred at 7:251		That I last saw the deceased and an the date stated above.
ACTUAL SIGNATURE	Beyfernin X	meler	m63824-34	ADORESS (Siree), city or fown, st	ence red &
PHYSICIAN'S P	enjamin S. Mi	ller	3824 - 34	th St. Mt. R	ainier, Md.
270 BURIAL, CREMATIC REMOVAL (Specify Burial	ON, 276. DATE THEREOF	Glenwood C		22d. LOCATION (City, town, or Washington	
The S. H	S SIGNATURE	ADDRESS Washington	24g. REC'1		TRAR'S SIGNATURE

VS A15 (4) 15M 9/55

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1			(188)3 MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18	
•			The Good RDA CERTIFICATE OF DEATH  Reg. Dist. No.	
ge a	_		PLACE OF DEATH ATTAIN Residence before admission)	
direc	Alat 1	ľ	COUNTY 2661 CHEVELEY AUE, MARYLAND O. STATE JUD B. COUNTY	
be of h	M)		b. CITY OR TOWN (If autside carporate limits, write / c. LENGTH OF STAY IN 1b RURAL and give nearest town) RURAL and give nearest town)	5
fun		_	Cheserla NORTH. 13EACH.	
urs offi	7		d NAME OF HOSPITAL (If not in hospital, give street oddress) OR INSTITUTION ON A FAR: YES \( \text{NOT} \) NO	W3 "
24 ho illed in			NAME OF DECEASED (Type or print) MARY V TOZZOLO Last 4. DATE Month Day Year DECEASED (Type or print) MARY V TOZZOLO DEATH AYE 12 19.4	57
d within filerely f		5. 9	The state of the s	HRS.
executer of comp n paper death.	1	10a	during meat of working (life, even if retired)  WISTER WIFE  USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11 BIRTHPLACE (State or foreign country)  USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11 BIRTHPLACE (State or foreign country)  USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11 BIRTHPLACE (State or foreign country)  USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11 BIRTHPLACE (State or foreign country)  USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11 BIRTHPLACE (State or foreign country)  USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11 BIRTHPLACE (State or foreign country)  USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11 BIRTHPLACE (State or foreign country)  USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11 BIRTHPLACE (State or foreign country)	NTRY?
be of an an an arban	No. of Desire of the Party of	13.	FATHER'S NAME 14. MOTHER'S MAIDEN NAME	
sicial ve co	( ]	1	SI SIEVESTER LATIACATA CARMETA MONACO	
n certifi ing phy e rema 72 ho	(	IB. (Yes	WAS DECEASED EVER IN U. S. ARMED FORCES? 16 SOCIAL SECURITY NO. 17. INFORMANT  THOMAS TO ZZOIO - N. BEACH MD.	
death			18. CAUSE OF DEATH [Enter only one cause per line for (o) (b), and (c)], PART I. DEATH WAS CAUSED BY:	N TH
the o			IMMEDIATE CAUSE (a) Carried Carried Control 3 sta	72
es that ed by Il mit. I			Conditions, if ony, which AND allerosalestis At elevence 10 4 2	£
requir- ion, in signe asit per and in			lying cause lost (c) A THERUSCLERUSIS 10 78	.5
physic physic has bee rial-tra		CERTIFICATION	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19, WAS AUTO PERFORMED YES NO	3?
tending ficate the but			200 ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)  20b. DESCRIBE HOW INJURY OCCURRED (Enter noture of injury in Port I or Port II of item 18.)	
PHYSIC al or al this cert r use as emotion		MEDICAL	20c. TIME OF INJURY Manth, Day, Year 20d, INJURY OCCURRED Haur a. m.  p. m.  19  20d, INJURY OCCURRED While Not while of work	itote)
aspit fier fier of fo			21. I certify that Lattended the deceased from \$1 / 1957, to \$12 / 195 that I last saw the dece	easec
END he h R: A coche			alive on	
E del			ACTUAL SIGNATURE Arth Kehrt M.D. 3404 Crenenterities Cheren	GNED
At Br	/		7	nd
SPIT De re NERA 3 sh		220	NAME (Type)  BLRIAL CREMATION, 22b. DATE THEREOF 22c NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City. town, or sounty) (State)	
moy be o FUNE poge 3 the regi			Burney 8-14-57 ST. Mars & WASH. D. C-	
7 7		23	FUNERAL DIRECTOR'S SIGNATURE  ADDRESS  240. REC'D BY REGISTRAR 246. REGISTRAR'S SIGNATURE	
VS A15 (4) 15M 9/55		L	J. W. Lees WASH. D.C. ONANG 15 57 Well-teauch	

BUREAU V. S.

BECEINE

OR STATE
HEALTH DEPT.

cessory, please irector. Page ir your files.

TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours after Earth. If any delay is execute incredificate, writing the word "pending" in pendi in stem 18. Give Pages 1, 2, and 3 to the funct. A should "Inwanded to the Chief Medical Examiner's Office along with farm PM3. Page 5 may be retain TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the Stote are its designated agent, priar to burial, cremation, or remayal, and in any sweath within 72 hours after death.

YS. A15ME

5M 2 57

## MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

08837

08804 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

			Keg, Dist. No.						
1	PLACE OF DEATH	2. USUAL RESIDENCE (Where deceased lived. If inst	tut on: Residence before admission)						
	o. COUNTY Prince Georges MARYLAND	o. STATE Maryland b. COUN	Pr. Geo.						
	b. CITY OR TOWN (If outs do corporate limits, worte P. RA.   C. LENGTH OF STAY IN 16	c. CITY OR TOWN (If outs de corporate limits, wri	te RURAL and give nearest town)						
	ond give recreit town)  Cheverly  D.O.A.	× Beltsville							
	d NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address)	d. STREET ADDRESS	le IS R . I NCF						
	Prince Georges General Hospital	6000 Powder Mill Road	YES NO						
7-		The state of the s							
ο.	NAME OF First Middle DECEASED (Type or print) Clifford Earl Welker	Lost 4. DATE Moi OF DEATH AUGU							
5	The second secon	DATE OF BIRTH 9. AGE I/n years	THE UNDER TYEAR THE UNDER 24 HPS						
		lest berthday)	Months Days Hours Min.						
-	Male WIDOWED DIVORCED DIVORCED USUAL OCCUPAT ON (Give kind of work done 10b. KIND OF BUSINESS OR INDUST		12. CITIZEN OF WHAT COUNTRY						
	during most of working life, even if refired)		U.S.A.						
	Labor foreman Gen. Serv. Admin.		0.00.4.						
13	FATHER'S NAME	14. MOTHER'S MAIDEN NAME							
_	Abraham Lincoln Walker	Clara McGullough	andre de						
	rs, no, at unknown)   (If yes, give wer at detes of setvice)	VFORMANT Addrs							
_		ry Elizabeth Walker; Same	address						
	18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c) ]		INTERVAL BETWEEN						
	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)  Acute congestive	heart failure							
	442X DUE TO								
	Cardiovascular renal disease								
	gove rise to immediate cause		The state of the s						
	(c), stoling the underlying couse lost.								
Z	PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT IN	OT RELATED TO THE TERMINAL DISEASE CONDITION O	EIVEN IN PART TOTTO WAS AUTOPSY						
18			YES NO T						
5	20g. EXTERNAL CAUSE WAS 206 DESCR BE HOW INJURY OCCURRED 16	inter nature of injury in Part I or Part II of Item 18.)	113 [] 110						
CERTIFICATION	PRIMARY ( ) or CONTRIBUTING ()	riet route of mary in rost to toll it of have to							
			The second section of the second section of the second section						
MEDICAL	20c. TIME OF INJURY Month Day, Year 20d. INJURY OCCURRED 20e. PLA Hour a.m. While Not while	CE OF INJURY (Home, form, 20f. (City or lawn) ory, street, office bldg , etc.)	(County) (State)						
¥		1							
	21. 1 certify that I taak charge of the remains described abo	ve, held an Autopsy 🔲, 🛮 Inspection 🛭	, Inquiry 🔃, and in my						
	apinion death resulted from: Natural causes 17, Accident	🔲, Suicide 🔲, Hamicide 🗍, Unde	termined manner 🔲 💮						
	A 1 - A								
	SIGNATURE John J. Maloney	M D CHIEF MEDICAL EXAMINER	DATE SIGNED						
		ASSISTANT MEDICAL EXAMINER	*						
	NAME (Type) John T. Maloney, M.D.	DEPUTY MEDICAL EXAMINER TO	rust 4. 1957						
22	G. BURIAL, CREMATION, 226 DATE THEREOF 22c. NAME OF CEMETERY OR								
	AFMOVAL (Specify)	Cemetery Colmar Mar							
22	FUNERAL DIRECTOR'S SIGNATURE ADDRESS		GISTRANS SIGNATURE						
1"	F. Gasch's Sons Hyattsville, Maryland	Anth at 117 1 )	S. Alleria						
	T THOU IS OND MIGUOTILE, MALYIAN	DATE	77 XOLL						

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BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 08830 **CERTIFICATE OF DEATH** Rea. Dist. No il director, filed with PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution Residence before admission) o. COUNTY Prince George b. COUNTY Brince George Maryland MARYLAND death. b. CITY OR TOWN III outside corporate limits, write c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporale limits, write RURAL and give negres) town) RURAL and give negrest town) Brandywine (rural) D Brandywine d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION DONE d. STREET ADDRESS e. IS RESIDENCE ON A FARM? hours YES NO NAME OF Middle First Lost 4. DATE Month Day Year DECEASED eq OF DEATH August 24 (Type or print) Pearl Washington C. 23 1957 15 19 within 5. SEX 6. COLOR OR RACE 7. MARRIED T NEVER MARRIED B. DATE OF BIRTH 9. AGE (In years lost birthday) IF UNDER I YEAR IF UNDER 24 HRS completely Months Dovs Hours Min WIDOWED DIVORCED [ Sept. 11 1894 62 popers yrs. 100 USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) during most of working life, even if retired) 12. CITIZEN OF WHAT COUNTRY deal MOUSEWIFE puo pau 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME physicion certificate Andrew Dent remove 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17 INFORMANT Address (If yes, give wor or dates of service) Raymond Washington Bryans Road. Md. CAUSE OF DEATH [Enter only one couse/per line for (a), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH <u>a</u> PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (c) DUE TO that þ Ę. V no Conditions, if any, which signed requires gove rise to immediate per **DUE TO** couse (a), stoting the underond lying couse lost buriol-transit PAIT II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES NO 200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Port II of item 18.) 20c. TIME OF INJURY Month. 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, Day, Year 20f. (City or town) (County) (Stote) factory, street, office bldg., etc.) a. n. While Not while ot work at world: p. m. 21. I certify that I attended the deceased from that I last saw the deceased alive on death occurred at. M, from the causes and an the date stated above. DATE SIGNED ACTUAL SIGNATURE PHYSICIAN'S NAME (Type) moy be r 220. BURIAL, CREMATION, 226. DATE THEREOR 22 NAME OF CEMETERY OR CREMATORY 226 LOCATION (City, town, or county) (State) 0 23. FUNERAL DIRECTOR'S SIGNATURE **ADDRESS** 24a, REC'D BY REGISTRAR 246/ REGISTRAR'S SIGNATURE VS A15 (4) 15M 9/55 Huntt Buneral Home Waldorf Md. 30

EUREAU V. SL

10G 30 1957.

DECENTED

## MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 08839MEDICAL EXAMINER'S CERTIFICATE OF DEATH FOR STATE Reg. Dist. No. EALTH DEPT. PLACE OF DEATH USUAL RESIDENCE (Where deceased lived If institution Residence before admission) a. COUNTY **b.** COUNTY r, rage files Health, MARYLAND b. CITY OR TOWN at sort de corporate timets, to be a strat c LENGTH OF STAY N 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) N'a Colmar Manor Cheverly d NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS IS RESIDEN E 3h15 LOth Avenue YES NOT Prince Georges General Hospital tain Middle Lost Month Year DECEASED OF August DEATH (Type or print) Charles Joseph Phillip Weber 9. AGE (In years 5. SEX 4 COLOR OR RACE 7. MARRIED NEVER MARRIED | B DATE OF BIRTH IE UNDER TYPER IF UNDER 24 HRS ₩Ith iont is rthday] Months Hours WIDOWED [ DIVORCED [ Male 2 2 5 10g. USUAL OCCUPATION (Give kind of work done 10b KIND OF BUSINESS OR INDUSTRY 11 BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? ond during most of working life, even if retired) U.S.A. Police Retired Policeman Washington, D.C. Pages o 13. FATHER'S NAME 14, MOTHER'S MAIDEN NAME Phillip Henry Weber Eliza Jane Lynn 15, WAS DECEASED EVER IN U. S. ARMED FORCES? 16 SOCIAL SECURITY NO. 17, INFORMANT Address None Jane Frances Weber: Same address. TE CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c). INTERVAL BETWEEN ONSET AND DEATH PART I, DEATH WAS CAUSED BY: Acute congestive heart failure IMMEDIATE CAUSE (O) DUE TO Pencil in Cardiovascular renal disease Conditions, if ony, which gave rise to immediate cause **DUE TO** (a), stating the underlying couse last. Ö PART II. OTHER SIGNIF. CANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART HOLLIS, WAS AUTOPSY PERFORMED? NO I 200. EXTERNAL CAUSE WAS PRIMARY OF OF CONTRIBUTING CAUSE OF DEATH. 20b DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Part I or Part II of Item 18.) 20c TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e PLACE OF INJURY (Home, form, 120f. (City or town) (County) (Stote; factory, street, affice bidg., etc.) A 83 at work at work p. m. 21. I certify that I took charge of the remains described above, held an Autopsy ... inspection T. Inquiry 17. Suicide . Hamicide . opinian death resulted from: Natural causes TI. Accident . Undetermined manner DATE SIGNED CHIEF MEDICAL EXAMINER SIGNATURE ASSISTANT MEDICAL EXAMINER EXAMINER'S DEPUTY MEDICAL EXAMINER ( NAME (Type) August 8, 1957 John T. Maloney, M.D. S S 22d LOCATION (City, town, or county) 226 BURIAL CREMATION, 1226, DATE THEREOF (Slote) 121 246, REGISTRAR'S SIGNATUR 23 FUNERAL DIRECTOR'S SIGNATURE 24a. REC'D BY REGISTRAR

VS A15ME

Y A ?

AUG 12 1957

BECEINED

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 08840CERTIFICATE OF DEATH 08831 Reg. Dist. No. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution, Residence before admission) a. COUNTY 6. COUNTY MARYLAND b. CITY OR TOWN (If autside corporate limits, write c. LENGTH OF STAY IN 16 c. CITY OR TOWN HE outside corporate limits, write RURAL and give negrest town) PURAL and give nearest towns d. NAME OF HOSPITAL (If not in hospital, give street address) d. STREET ADDRESS IS RESIDENCE OR INSTITUTION YES NO NAME OF 3. Middle Day DECEASED (Type or print) 19.0 6. COLOR OR RACE MARRIED IZI-NEVER MARRIED B. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS lost birthday) Months Days Hours WIDOWED | DIVORCED | Pane Th. 10a. USUAL OCCUPATION (Give kind of work done) 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12 CITIZEN OF WHAT COUNTRY? during most of working (16, oven if retifed) Ter 13. FATHER'S NAME 14. MOTHER 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c) INTERVAL BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o), **DUE TO** Canditions, if any, which gave rise to immediate **DUE TO** cause (a), stating the underlying cause lost. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPS PERFORMED? burial YES 🗔 NO Z CERTIFI 20g. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) MEDICAL 20c. TIME OF INJURY Month, Day, Year 20e. PLACE OF INJURY (Home, farm. 20f. [City or town] 20d. INJURY OCCURRED (County) [State] factory, street, affice bldg., etc.) While Not while at work 21. I certify that I attended the deceased fram.... 19\_\_\_\_that I last saw the deceased and that death occurred at alive on M, from the causes and an the date stated above. ADDRESS (Street, city or town, slate) DATE/SIGNED ACTUAL SIGNATURE PHYSICIAN'S NAME (Type) 22a. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) REMOVAL (Specify) Lincoln Cometery Prince Georges County, Md. 0 240 REC'D BY REGISTRAR THE REGISTRAR'S SIGNATURE Wash.D.C. 23. FUNERAL DIRECTOR'S SIGNATURE **ADDRESS** The S.H. Hines Co.-2901 14th St. N.W.

Hadiril Etaminer Nolifier SEP 3 1057

BUREAU V. S.

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 CERTIFICATE OF DEATH 08806 Reg. Dist. No. 245 2 USUAL RESIDENCE (Where deceased lived. If institution: Residence before advisory PLACE OF DEATH a COUNT b. COUNTY \_ MARYLAND c. CITY OR TOWN Woutside corporate limits, write RURAL and give nearest lown) CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 16 BJRAL and give negrest fown! SILVER SPRING NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION Boteler Road . IS RESIDENCE YES NO K NAME OF Middle 4. DATE Doy Year DECEASED AUGUST 12 1957 DEATH (Type or print) 9. AGE (In years last birthday) SEX IF UNDER 1 YEAR IF UNDER 24 HRS. 7. MARRIED TO NEVER MARRIED Doys Hours DIVORCED | WIDOWED IT USUAL OCCUPATION (Give kind of work done 10b, KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12 CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) on structum worke 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAMI 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO 17 INFORMANT Mrs. Norman J. Boteler, White Cak, Boteler Road 236-12-2962 NO Silver Springery Marweland 18. CAUSE OF DEATH [Enter only one couse per lige for (o) (b), and (c).] PART I DEATH WAS CAUSED BY: IMMEDIATE CAUSE (6) **DUE TO** Conditions, if any, which gave rise to immediate DUE TO couse (a), stating the underlying couse lost. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES 🗍 NO 🗷 200. ACCIDENT WAS UNDERLYING [ 20b, DESCRIBE HOW INJURY OCCURRED, (Enter nature of injury in Port I or Port II of item 18.) OR CONTRIBUTING [] CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month, Doy, Year 20d INJURY OCCURRED 20e PLACE OF INJURY (Home, form, 20f. (City or town) (County) (Stole) foctory, street, office blda., etc.) While Not while at work 🔲 at work 21. I certify that I attended the deceased from Q 19.3 7 that I last saw the deceased M, from the causes and on the date stated above. that death occurred ACTUAL PHYSICIAN'S NAME [Type] FUNER 220. BURIAL CREMATION, 226 DATE THEREOF 22c NAME OF CEMETERY OR CREMATORY 22d LOCATION (City, town, or county) BURIAL (Specify) LINCOLN CEMETERY PRINCE GEORGE COUNTY. MD. 10 FUNERAL DIRECTOR'S SIGNATURE 24a. REC'D BY REGISTRAR 246 REGISTRAR'S SIGNATURE DATE QUA 13 195" also. APARQUA

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VS. A15ME 5M 2/57

MARYLAND	STATE	DEPARTMENT	OF HEALTH-BALTIMORE	, 18
AAEDIC	AL EV	A SAINIED'S C	EDTIEICATE OF DEATH	

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	807					Reg. Dist	
1. PLACE OF DEATH			2. USUAL RESIDENCE				e before admission)
Princ	ce Georges	MARYLANE	Mar,	yland	b. COUNT	Pr. (	300.
b. CITY OR TOWN I	(If autside corporate limits, writeen)	E RURAL C. LENGTH OF STAY IN 16	c. CITY OR TOWN	(If outside corp	porote limits, write	RURAL and g	ve nearest town)
Cheve	erly	D.O.A.	XO Mit	chellvi	lle		
d. NAME OF HOSPI	TAL OR INSTITUTION (	If not in hospital, give street address)	d. STREET ADDRESS				e IS RESIDENCE ON A FARM?
Prince Ge	orges Gener	ral Hospital	Route 1,	Box 97			YES NO
NAME OF	Fir	si Middle	Lost	4. DATE	Monti	h	Doy Year
{Type ar print}	Albert	Robert	Wood	DEATH	August	13	19 57
SEX	6. COLOR OR RACE	7. MARRIED NEVER MARRIED	B. DATE OF BIRTH		9. AGE (In years lest birthday)	the same of the same of the same of	EAR IF UNDER 24 HRS
Male	Colored	WIDOWED DIVORCED	Jan. 18, 1	943	114 уп.	Months Do	ys Hours Min.
a. USUAL OCCUPAT	ION (Give kind of working life, even if retired)	done 106. KIND OF BUSINESS OR INDU	STRY 11. BIRTHPLACE (Sto	fe or foreign o	ountry)	12. CITIZE	N OF WHAT COUNTRY
None	ing me, even in termed,	164,173	Washin	gton, D	).C.	1	U.S.A.
3. FATHER'S NAME			14. MOTHER'S MAIDEN	NAME			
Oden	Wood		Ire	ne Broo	ks		
15. WAS DECEASED E	VER IN U. S. ARMED FO	RCES? 16. SOCIAL SECURITY NO. 17.	INFORMANT		Address		
IN, NO. OF URRESWAJ	(ir yes, give war at dates of	2041(0)	Oden Wood:	same ad	dress		
Conditions, if gove rise to imm	ediote couse	Drowning				, ,	
(a), staling the	underlying DOE 10						
PART II. O'		DITIONS CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TER	MINAL DISEASI	E CONDITION GIV	EN IN PART 1	(a) 19. WAS AUTOPSY PERFORMED? YES NO
	ONTRIBUTING D	b. DESCRIBE HOW INJURY OCCURRED.  Door swimmer, boy	went into d	eep wat	er and w		
20c. TIME OF INJUNE 3.00 p. m	A	While Not white of fo	ctory_street, office bldg., e	fc.)	_	(Count	
			00T	Bowi		Geo.	Md.
21. 1 certify	that I took charge	of the remains described ab	ove, held an Autop	osy 🔲, Ir	rspection [7],	Inquiry	X, and in my
opinion death	resulted from:	Natural causes . Accident	X. Suicide .	Homicide	, Undete	rmined mo	anner 🔲
ACTUAL SIGNATURE	John J. 9	Maloney	M.D. CHIEF MEDICAL				DATE SIGNED
EXAMINER'S		1	ASSISTANT MED				
NAME (Type)		ohn T. Maloney, M.D	DEPUTY MEDICA	L EXAMINER	Augu	st 13,	1957
REMOVAL (Special Burial	8/17/57	Carroll Chape	OR CREMATORY		ington, l		(Stole)
3 FUNERAL DIRECTO		ADDRESS	24o. RE	C'D BY REGIST	RAT 245 REGI	STRAR'S SIGN	-A-
XOX.	1.00		t, N.E. DATE	AUG 15	57 (10	Leave	ch

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BUREAU V. S.

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1	10000				Keg	, Dist. No.	
1. PLACE OF DEATH a. COUNTY	ince Georges'	MARYLAND	2. USUAL RESIDENCE (WI	-	S COUNTY	sidence before odm	
	(If outside corporate limits, write	c. LENGTH OF STAY IN 15	c. CITY OR TOWN (If a				
RURAL and give	nearest lown)				milis, write KORAL	ona give nearest to	wul
Upper		8 yrs.	Upper Ma	artboro	XZ		
OR INSTITUTION		( gddress)	d. STREET ADDRESS		1		A FARM?
	Largo Road		Largo Ro	oad		YES	ON D
3. NAME OF DECEASED (Type or print)	First Walte	Middle P David	Woods	4. DATE OF DEATH	Month Augus	Day	Yeor 19 5 7 a
5. SEX		RRIED NEVER MARRIED	B. DATE OF BIRTH	19. AC		NDER I YEAR IF UN	
Male	White widow	VED DIVORCED	Sept. 5, 19	108 4	birthdoy) Mon		7
Emplyd M	ION (Give kind of work done 10b orking life, even if retired) achine Operat	Exceveti	ng want		12	U. S.	
13. FATHER'S NAME			M. MOTHER'S MAIDEN N	NAME			
Columb	us Wiley Wood	S	Anna I	aura Pi	cket		
15. WAS DECEASED EV	ER IN U. S. ARMED FORCES? 16	SOCIAL SECURITY NO. 17. I	NFORMANT		Address		
(Yes, no, or unknown)	(If yes, give wor or dates of service)		es. Lucy L.	Woods -	-Upper	Marlbor	o, Md.
PART I. DE		Bron. chia	Throwbo	ris nonie		INTERVAL ONSET AN	Pary.
gove rise to cause (o), stoling lying couse lost Part II. O	the under- DUE TO	CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMI	NAL DISEASE CON	DITION GIVEN IN	PART I(a) 19. WA	SAUTOPSY
ICAT		idary an	mis			YES [	ORMED?
O (IF ETTHER, NOTIF	/AS UNDERLYING [] G [] CAUSE OF DEATH Y MEDICAL EXAMINER)	SCRIBE HOW INJURY OCCURRE	D. (Enter nature of injury in I	Port I or Part II of	item 18.)		
20c. TIME OF INJU	While		ACE OF INJURY (Home, farm clory, street, office bldg., etc.	20f. (City or to	vn)	(County)	(State)
ACTUAL SIGNATURE	James G. Sass	- //	M.O. WILLEY	M, from the	causes and a give or town, state)	1-8-	
REMOVAL (Specify	ON, 22b. DATE THEREOF	22c. NAME OF CEMETERY O			City, town, or cour		ole)
Burial	0/0/0/	Slemp Cemet		Sugar	Grove,		inia
23. FUNERAL DIRECTO		ADDRESS Upper		D BY REGISTRAR	24b. REGISTRAR"	S SIGNATURE	
urrcure	Bros. Funeral	. Home - Marlb	oro, Md DATE	AUG 6 '57	18126	· Accelo	

TO HOSPITAL OR ATTENDING PHYSICIAM! The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

TO FUNERAL URECTOR: After this certificate has been signed by the attending physician and campletely filled in page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and the registrar prior to burial, cremation, ar removal, and in any event within 72 hours of the beat.

he funeral director, should be filed with

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